

<b>UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)</b>		<b>503(b)(9) ADMINISTRATIVE EXPENSE CLAIM</b>
In re:	Chapter 11	<b>ADMINISTRATIVE BAR DATE: January 21, 2019  FILED  JAN 15 2019  U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN</b>
Debtor: <i>Curae Health, Inc.</i>	Case No. <i>18-05665</i>	
NOTE: This form should be used only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). This form should not be used for any other types of claim.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.)  <i>Cooper Surgical, Inc.</i>	Name of debtor: (The entity owing money or property) <input checked="" type="checkbox"/> Curae Health, Inc. <input checked="" type="checkbox"/> Amory Regional Medical Center, Inc. <input checked="" type="checkbox"/> Batesville Regional Medical Center, Inc. <input checked="" type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	
Name and addresses where notices should be sent:  <i>Cooper Surgical, Inc. 75 Corporate Drive Trumbull, CT 06611 Attn: Accounts Receivable</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Telephone number: <i>203-601-5200</i>	Email:	
Last four digits of account or other number by which creditor identifies debtor: <i>8002 - 9618 - 9679</i>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____ Filed on: _____	
1. Basis for claim: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: <i>06-07-2018</i> <i>01-12-18 THRU 08-23-18</i> <i>08-15-18 THRU 08-21-18</i>	
3. Date goods were received by debtor: <i>01-17-18 THRU 08-27-18</i>		
4. Total amount of claim as of the date the debt was incurred: <i>\$ 19,803.39</i>		

☐ Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.

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

Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:

Shipment date of goods:

Place of delivery of goods:

Method of delivery of goods:

Name of carrier of goods:

Value of goods:

Whether the value of goods listed in this claim relates to services and goods:

The percentage of value related to services and the percentage of value related to goods:

Whether claimant has filed any other claim against debtor relating to goods underlying this claim:

Attach supporting materials required by field 8 and instructions below.

**6. Credits, setoffs, and counterclaims:**

All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.

☐ This claim is subject to setoff or counterclaim as follows:

**7. Assignment:**

☐ Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.

**8. Supporting documents:** Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.

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

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

Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-stamped copy:** To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.

**10. Signature:**

Check the appropriate box.

☒ 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 Rule 3005).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.



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

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

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

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

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

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

**Items to be completed in proof of claim form.**

**Creditor's name and address:**

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

**Debtor's name:**

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

**Account or other number by which creditor identifies debtor:**

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

**1. Basis for claim:**

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

**2. Date debt was incurred:**

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

**3. Date goods received by debtor:**

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

Print name: James DuBrava  
Title: Accounts Receivable mgr.  
Company: Cooper Surgical, Inc.  
Address and telephone number (if different from notice address above):  
75 Corporate Drive  
Trumbull, CT 06611  
Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_  
203-601-5200

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

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

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

##### Definitions.

##### 503(b)(9) Claim.

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

##### 503(b)(9) Bar Date.

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

##### Claim.

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

##### Creditor.

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

##### Debtor.

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

##### Proof of Claim.

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

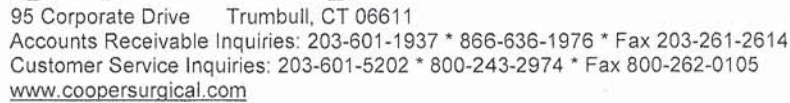
##### Redacted.

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

##### General instructions and filing instructions.

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





PAGE: 1 of 1

10129679  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY, MS 38821  
USA

48691  
GILMORE MEM REG MED CTR  
1105 EARL FRYE BLVD  
RECEIVING DEPT.  
PO#01756  
AMORY, MS 38821  
USA

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
5029602	01756	08-07-18	FedEx Ground - Customer	SHIP POINT	0.00/0/30

Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: GMHWRIGHT 662-256-6218 AVM-851J BX OF FILSHIE CLPS 10 PRS LOT: 37843  Tracking Numbers ===== 449800512869	1,295.2200	1,295.22

Invoice Sub Total	Discount	Sales Tax	Excise Tax	Handling	Invoice Total
1,295.22	0.00	0.00	0.00	0.00	\$1,295.22

Please detach at perforation and mail with remittance. Thank You!

Invoice Number: 4884894  
Invoice Date: 08-15-2018  
Account Number: 10129679

36



95 Corporate Drive Trumbull, CT 06611  
Accounts Receivable Inquiries: 203-601-1937 \* 866-636-1976 \* Fax 203-261-2614  
Customer Service Inquiries: 203-601-5202 \* 800-243-2974 \* Fax 800-262-0105  
[www.coopersurgical.com](http://www.coopersurgical.com)

INVOICE  
INVOICE NUMBER: 4889117  
INVOICE DATE: 08-20-2018  
CUSTOMER NO: 10129679

PAGE: 1 of 1

B  
I  
L  
L  
  
T  
O

10129679  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY, MS 38821  
USA

SHIP  
TO

48691  
GILMORE MEM REG MED CTR  
1105 EARL FRYE BLVD  
RECEIVING DEPT.  
PO 01906  
AMORY, MS 38821  
USA

***New Extended U.S. Customer Service Hours 8:00am – 8:30pm ET Monday to Friday!!***

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
5041428	01906	08-17-18	FedEx Ground - Customer	SHIP POINT	0.00/0/30

Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: PURCHASING 662-256-6226 AVM-851J BX OF FILSHIE CLPS 10 PRS LOT: 37843  Tracking Numbers ===== 449800533558	1,295.2200	1,295.22

Invoice Sub Total	Discount	Sales Tax	Excise Tax	Handling	Invoice Total
1,295.22	0.00	0.00	0.00	0.00	\$1,295.22

[illegible]

Please detach at perforation and mail with remittance. Thank You!

**Remit To:** Cooper Surgical, Inc  
P.O. Box 712280  
Cincinnati, Ohio 45271-2280 USA

Invoice Number: 4889117  
Invoice Date: 08-20-2018  
Account Number: 10129679

Remittance Comments:





C# 10129679  
Inv# 4889117

December 20, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number 449800533558.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1105 EARL FRYE BLVD Amory, MS 38821
Signed for by:	MWRIGHT	Delivery date:	Aug 23, 2018 10:59
Service type:	FedEx Ground		
Special Handling:			

FedEx FedEx FedEx FedEx FedEx  
FedEx FedEx FedEx FedEx FedEx  
FedEx FedEx FedEx FedEx FedEx  
FedEx FedEx FedEx FedEx FedEx  
FedEx FedEx FedEx FedEx FedEx  
FedEx FedEx FedEx FedEx FedEx  
M. WRIGHT  
#26, 10:55, 10 Del, 0 NonDel

---

**Shipping Information:**

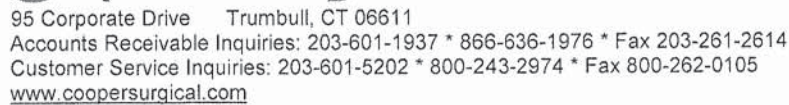
Tracking number:	449800533558	Ship date:	Aug 20, 2018
		Weight:	0.6 lbs/0.3 kg

**Recipient:**  
GILMORE MEM REG MED CTR  
1105 EARL FRYE BLVD  
RECEIVING DEPT.  
AMORY, MS 38821 US  
**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
10129679  
01906  
4436069/01906  
4436069

Thank you for choosing FedEx.





PAGE: 1 of 1

10129679  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY, MS 38821  
USA

48691  
GILMORE MEM REG MED CTR  
1105 EARL FRYE BLVD  
RECEIVING DEPT.  
AMORY, MS 38821  
USA

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms	
5042695	01928	08-20-18	FedEx Ground - Customer	SHIP POINT	0.00/0/30	
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.	
1	1.00	0.00	Contact: UNKNOWN UNKNOWN CTI-512N C-T CLOSESURE,5/BOX LOT: 242335  Tracking Numbers ===== 449800539486	564.0000	564.00	
Invoice Sub Total		Discount	Sales Tax	Excise Tax	Handling	Invoice Total
564.00		0.00	0.00	0.00	0.00	\$564.00

Please detach at perforation and mail with remittance. Thank You!

Invoice Number: 4890148  
Invoice Date: 08-21-2018  
Account Number: 10129679

Remittance Comments:

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 9 of 10



C<sup>st</sup> 10129679  
Inv# 4890148

December 20, 2018

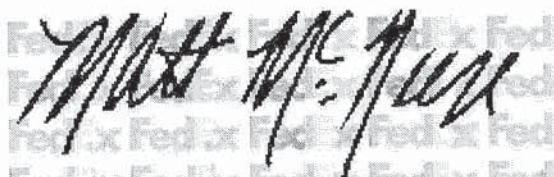
Dear Customer:

The following is the proof-of-delivery for tracking number 449800539486.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1105 EARL FRYE BLVD Amory, MS 38821
<b>Signed for by:</b>	MMCNEESE	<b>Delivery date:</b>	Aug 24, 2018 11:15
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			

  
M. MCNEESE  
#25, 11:12, 15 Del, 0 NonDel

---

**Shipping Information:**

<b>Tracking number:</b>	449800539486	<b>Ship date:</b>	Aug 21, 2018
		<b>Weight:</b>	1.7 lbs/0.8 kg

**Recipient:**  
GILMORE MEM REG MED CTR  
1105 EARL FRYE BLVD  
RECEIVING DEPT.  
AMORY, MS 38821 US

**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
10129679  
01928  
4437090/01928  
4437090

Thank you for choosing FedEx.





95 Corporate Drive Trumbull, CT 06611  
Accounts Receivable Inquiries: 203-601-1937 \* 866-636-1976 \* Fax 203-261-2614  
Customer Service Inquiries: 203-601-5202 \* 800-243-2974 \* Fax 800-262-0105  
[www.coopersurgical.com](http://www.coopersurgical.com)

INVOICE  
INVOICE NUMBER: 4814143  
INVOICE DATE: 06-04-2018  
CUSTOMER NO: 10148002

PAGE: 1 of 1

B  
I  
L  
L  
T  
O

TRILAKES MEDICAL CTR  
303 MEDICAL CENTER DR  
BATESVILLE, MS 38606-8608  
USA

S  
H  
I  
P  
T  
O

66336  
TRILAKES MEDICAL CENTER  
303 MEDICAL CENTER DR.  
PANOLA MEDICAL CENTER  
BATESVILLE, MS 38606  
USA

**New Extended U.S. Customer Service Hours 8:00am - 8:30pm ET Monday to Friday!!**

New Extended U.S. Customer Service Hours 8:00am – 8:30pm ET Monday to Friday!!

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4965738	00346	06-01-18	UPS GROUND	SHIP POINT	0.00/000/030

Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: BUYER 662- AVM-851 BX OF FILSHIE CLPS 20 PRS LOT: 37844  Tracking Numbers =====	2,427.7800	2,427.78
			1z0383200366225923		

Invoice Sub Total	Discount	Sales Tax	Excise Tax	Handling	Invoice Total
2,427.78	0.00	0.00	0.00	10.07	\$2,437.85

4814143 0604201810148002 000002427780000000000000100700000243785USD8

Please detach at perforation and mail with remittance. Thank You!

Remit To: Cooper Surgical, Inc  
P.O. Box 712280  
Cincinnati, Ohio 45271-2280 USA

Invoice Number: 4814143  
Invoice Date: 06-04-2018  
Account Number: 10148002

Remittance Comments:

4814143 0604201810148002 000002427780000000000000100700000243785USD8



INVOICE 4814143

November 9, 2018

Shipper 038320

Page 1 of 1

ATTN : KELLY FERRIS X 3171  
PHONE : (203)601-1937

**DELIVERY NOTIFICATION**


INQUIRY FROM: KELLY FERRIS X 3171  
COOPER SURGICAL  
75 CORPORATE DR  
TRUMBULL CT 06611

SHIPMENT TO: TRILAKES MEDICAL CENTER  
303 MEDICAL CENTER DR  
BATESVILLE MS 38606

Shipper Number.....038320

Tracking Identification Number...1Z0383200366225923

According to our records 1 parcel was delivered on 06/12/18 at 8:47 A.M., and left at DOCK. The shipment was received by ELYEN as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
038320		1Z0383200366225923	303 MEDICAL CENTER DR BATESVILLE	

NPT2AFM:000A0000



# CooperSurgical

95 Corporate Drive Trumbull, CT 06611

Accounts Receivable Inquiries: 203-601-1937 \* 866-636-1976 \* Fax 203-261-2614

Customer Service Inquiries: 203-601-5202 \* 800-243-2974 \* Fax 800-262-0105

[www.coopersurgical.com](http://www.coopersurgical.com)

## INVOICE

INVOICE NUMBER: 4680698

INVOICE DATE: 01-12-2018

CUSTOMER NO: 019618

PAGE: 1 of 1

B  
I  
L  
L  
T  
O

019618

NW MISSISSIPPI MED CTR

PO BOX 1218

CLARKSDALE, MS 38614-1218

USA

S  
H  
I  
P  
T  
O

48661

NW MS REG M/C, MERIT HLTH

1970 HOSPITAL DRIVE

(829) CLARKSDALE STORES

PO# 749-6638246

CLARKSDALE, MS 38614

USA

***New Extended U.S. Customer Service Hours 8:00am - 8:30pm ET Monday to Friday!!***

NEW CATALOGED U.S. CUSTOMER SERVICE HOURS 9:00AM - 5:00PM ET MONDAY TO FRIDAY

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4826726	749-6638246	01-11-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030

Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 UMB678 UTERINE MANIPULATOR TIP B LOT: 231765	260.5100 T	260.51
2	1.00	0.00	UMG670 UTERINE MANIPULATOR TIP G LOT: 224804	260.5100 T	260.51
3	1.00	0.00	AVM-851 BX OF FILSHIE CLPS 20 PRS LOT: 37331  Tracking Numbers =====	2,427.7800	2,427.78
			417721320714		

Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
2,948.80	0.00	36.48	0.00	0.00	\$2,985.28

4680698 01122018019618 0000029488000003648000000000000000298528USD1

Please detach at perforation and mail with remittance. Thank You!

**Remit To:** Cooper Surgical, Inc  
P.O. Box 712280  
Cincinnati, Ohio 45271-2280 USA

Invoice Number: 4680698  
Invoice Date: 01-12-2018  
Account Number: 019618

Remittance Comments:



November 12, 2018

Dear Customer:

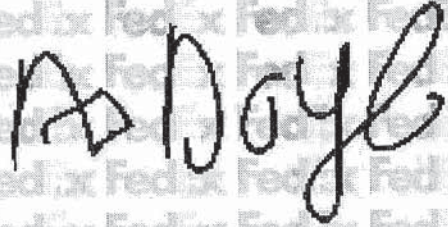
The following is the proof-of-delivery for tracking number **417721320714**.

---

**Delivery Information:**

---

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	ADOYLE	Delivery date:	Jan 17, 2018 12:17
Service type:	FedEx Ground		
Special Handling:			

  
A. DOYLE  
#4, 12:15, 7 Del, 0 NonDel

---

**Shipping Information:**

---

Tracking number:	417721320714	Ship date:	Jan 12, 2018
		Weight:	2.3 lbs/1.0 kg

**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
019618  
749-6638246  
4232281/749-663  
4232281

Thank you for choosing FedEx.



# CooperSurgical

95 Corporate Drive Trumbull, CT 06611

Accounts Receivable Inquiries: 203-601-1937 \* 866-636-1976 \* Fax 203-261-2614

Customer Service Inquiries: 203-601-5202 \* 800-243-2974 \* Fax 800-262-0105

[www.coopersurgical.com](http://www.coopersurgical.com)

## INVOICE

INVOICE NUMBER: 4736265

INVOICE DATE: 03-12-2018

CUSTOMER NO: 019618

PAGE: 1 of 1

B  
I  
L  
L  
T  
O

019618

NW MISSISSIPPI MED CTR

PO BOX 1218

CLARKSDALE, MS 38614-1218

USA

S  
H  
I  
P  
T  
O

48661

NW MS REG M/C, MERIT HLTH

1970 HOSPITAL DRIVE

(829) CLARKSDALE STORES

CLARKSDALE, MS 38614

USA

***New Extended U.S. Customer Service Hours 8:00am - 8:30pm ET Monday to Friday!!***

NEW EXTENDED U.S. CUSTOMER SERVICE HOURS 8:00AM - 8:00PM ET MONDAY TO FRIDAY

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4884486	749-6688637	03-12-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030

Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 CPO-6 Package of 6 Sterile Occl LOT: 241474  Tracking Numbers =====	585.3000 T	585.30
			425759310509		

Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
585.30	0.00	40.97	0.00	0.00	\$626.27

4736265 03122018019618 0000005853000004097000000000000000062627USD1

Please detach at perforation and mail with remittance. Thank You!

**Remit To:** Cooper Surgical, Inc  
P.O. Box 712280  
Cincinnati, Ohio 45271-2280 USA

Invoice Number: 4736265  
Invoice Date: 03-12-2018  
Account Number: 019618

Remittance Comments:

4736265 03122018019618 0000005853000004097000000000000000062627USD1  
Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 15 of 36



November 12,2018

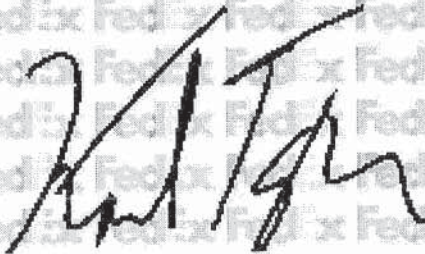
Dear Customer:

The following is the proof-of-delivery for tracking number **425759310509**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	Mar 14, 2018 11:53
Service type:	FedEx Ground		
Special Handling:			

  
K. TAYLOR  
#17, 11:49, 19 Del, 0 NonDel

---

**Shipping Information:**

Tracking number:	425759310509	Ship date:	Mar 12, 2018
		Weight:	0.6 lbs/0.3 kg

**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
019618  
749-6688637  
4285629/749-668  
4285629

Thank you for choosing FedEx.





CUSTOMER NO: 019618

PAGE: 1 of 1

019618  
NW MISSISSIPPI MED CTR  
PO BOX 1218  
CLARKSDALE, MS 38614-1218  
USA

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614  
USA

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4900550	749-6700095	03-28-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 AVM-851 BX OF FILSHIE CLPS 20 PRS LOT: 37779  Tracking Numbers ===== 433827030666	2,427.7800	2,427.78
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
2,427.78	0.00	0.00	0.00	0.00	\$2,427.78

[illegible]

Please detach at perforation and mail with remittance. Thank You!

**Remit To:** Cooper Surgical, Inc  
P.O. Box 712280  
Cincinnati, Ohio 45271-2280 USA

Invoice Number: 4751903  
Invoice Date: 03-28-2018  
Account Number: 019618

Remittance Comments:

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 17 of 17



November 12, 2018


Dear Customer:

The following is the proof-of-delivery for tracking number **433827030666**.

---

**Delivery Information:**

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1970 HOSPITAL DR Clarksdale, MS 38614
<b>Signed for by:</b>	KTAYLOR	<b>Delivery date:</b>	Mar 30, 2018 11:51
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			

  
K. TAYLOR  
#17, 11:49, 16 Del, 0 NonDel

---

**Shipping Information:**

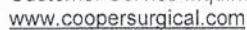
<b>Tracking number:</b>	433827030666	<b>Ship date:</b>	Mar 28, 2018
		<b>Weight:</b>	0.7 lbs/0.3 kg

**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
019618  
749-6700095  
4300859/749-670  
4300859

Thank you for choosing FedEx.



PAGE: 1 of 1

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
PO 749-6703622  
CLARKSDALE, MS 38614  
USA

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 19 of 36





November 12, 2018

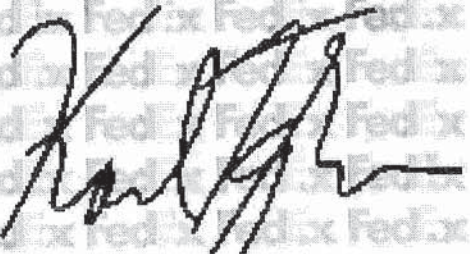
Dear Customer:

The following is the proof-of-delivery for tracking number **433827050749**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	Apr 5, 2018 12:09
Service type:	FedEx Ground		
Special Handling:			

  
K. TAYLOR  
#13, 11:52, 67 Del, 0 NonDel

---

**Shipping Information:**

Tracking number:	433827050749	Ship date:	Apr 3, 2018
		Weight:	0.5 lbs/0.2 kg

**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**

**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**

Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US

019618  
749-6703622  
4304942/749-670  
4304942

Thank you for choosing FedEx.





November 12, 2018

Dear Customer:

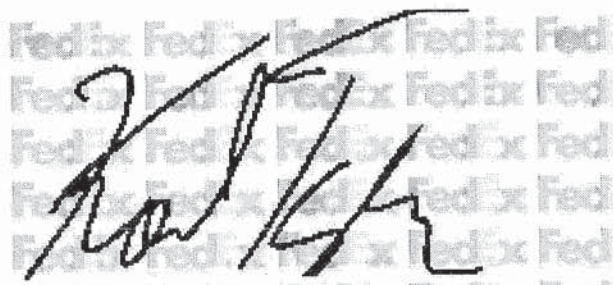
The following is the proof-of-delivery for tracking number **433827088856**.

---

**Delivery Information:**

---

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1970 HOSPITAL DR Clarksdale, MS 38614
<b>Signed for by:</b>	KTAYLOR	<b>Delivery date:</b>	Apr 13, 2018 11:40
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			



**K. TAYLOR**  
#14, 11:36, 23 Del, 0 NonDel

---

**Shipping Information:**

---

<b>Tracking number:</b>	433827088856	<b>Ship date:</b>	Apr 11, 2018
		<b>Weight:</b>	0.7 lbs/0.3 kg

**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
019618  
749-6709745  
4312975/749-670  
4312975

Thank you for choosing FedEx.





PAGE: 1 of 1

019618  
NW MISSISSIPPI MED CTR  
PO BOX 1218  
CLARKSDALE, MS 38614-1218  
USA

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
PO# 749-6718475  
CLARKSDALE, MS 38614  
USA

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4926175	749-6718475	04-23-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 ZSI1152 Zui Uterine Injector LOT: 199724  Tracking Numbers ===== 433827144091	270.1700	270.17
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
270.17	0.00	0.00	0.00	0.00	\$270.17

Please detach at perforation and mail with remittance. Thank You!

Invoice Number: 4776102  
Invoice Date: 04-24-2018  
Account Number: 019618

Remittance Comments:

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 23 of 36



November 12, 2018


Dear Customer:

The following is the proof-of-delivery for tracking number **433827144091**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	Apr 26, 2018 11:54
Service type:	FedEx Ground		
Special Handling:			

  
K. TAYLOR  
#19, 11:50, 24 Del, 0 NonDel

---

**Shipping Information:**

Tracking number:	433827144091	Ship date:	Apr 24, 2018
		Weight:	1.2 lbs/0.5 kg

Recipient:  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

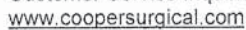
Shipper:  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US

Reference

Purchase order number:  
Shipment Id  
Invoice number

019618  
749-6718475  
4324476/749-671  
4324476

Thank you for choosing FedEx.



CUSTOMER NO: 019618

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614  
USA

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 25 of 36





November 12, 2018

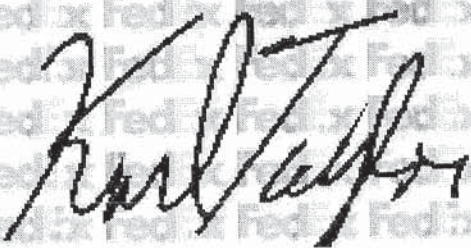
Dear Customer:

The following is the proof-of-delivery for tracking number **433827165468**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	May 1, 2018 11:31
Service type:	FedEx Ground		
Special Handling:			

  
K. TAYLOR  
#16, 11:27, 15 Del, 0 NonDel

---

**Shipping Information:**

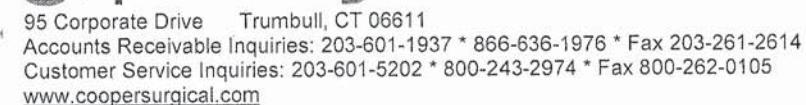
Tracking number:	433827165468	Ship date:	Apr 27, 2018
		Weight:	0.7 lbs/0.3 kg

**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
  
019618  
749-6721373  
4329460/749-672  
4329460

Thank you for choosing FedEx.



INVOICE  
INVOICE NUMBER: 4784912  
INVOICE DATE: 05-02-2018  
CUSTOMER NO: 019618

PAGE: 1 of 1

B  
I  
L  
L  
  
T  
O

019618  
NW MISSISSIPPI MED CTR  
PO BOX 1218  
CLARKSDALE, MS 38614-1218  
USA

SHIP  
TO

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
PO# 749-6724230  
CLARKSDALE, MS 38614  
USA

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4934966	749-6724230	05-01-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 42-2540 NEO-FIT NEONATAL ENDOTRAC LOT: 234585  Tracking Numbers ===== 433827186032	141.3500	141.35
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
141.35	0.00	0.00	0.00	0.00	\$141.35

[illegible]

Please detach at perforation and mail with remittance. Thank You!

**Remit To:** Cooper Surgical, Inc  
P.O. Box 712280  
Cincinnati, Ohio 45271-2280 USA

Invoice Number: 4784912  
Invoice Date: 05-02-2018  
Account Number: 019618

Remittance Comments:

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 27 of 36



November 12, 2018

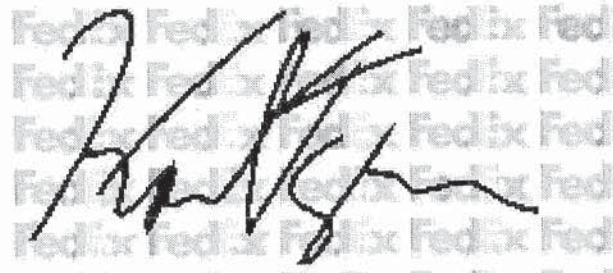
Dear Customer:

The following is the proof-of-delivery for tracking number **433827186032**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	May 4, 2018 11:55
Service type:	FedEx Ground		
Special Handling:			



**K. TAYLOR**  
#23, 11:50, 28 Del, 0 NonDel

---

**Shipping Information:**

Tracking number:	433827186032	Ship date:	May 2, 2018
		Weight:	1.7 lbs/0.8 kg

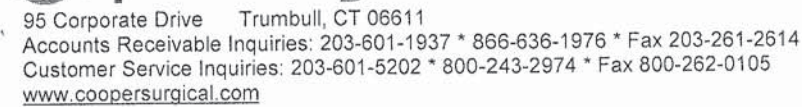
**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
  
019618  
749-6724230  
4333481/749-672  
4333481

Thank you for choosing FedEx.





PAGE: 1 of 1

019618  
NW MISSISSIPPI MED CTR  
PO BOX 1218  
CLARKSDALE, MS 38614-1218  
USA

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
PO 749-6762775  
CLARKSDALE, MS 38614  
USA

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4996092	749-6762775	07-02-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 R2008 RADIUS LOOP ELEC BOX OF 5 LOT: 234689  Tracking Numbers ===== 441588865609	84.0100	84.01
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
84.01	0.00	0.00	0.00	0.00	\$84.01

[illegible]

Please detach at perforation and mail with remittance. Thank You!

Invoice Number: 4843463  
Invoice Date: 07-02-2018  
Account Number: 019618

Remittance Comments:

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 29 of 29



November 12, 2018

Dear Customer:

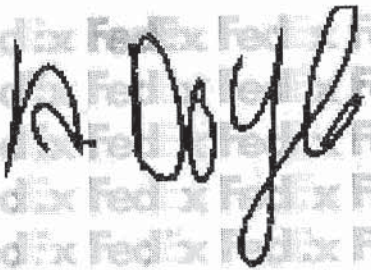
The following is the proof-of-delivery for tracking number **441588865609**.

---

**Delivery Information:**

---

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	ADOYLE	Delivery date:	Jul 6, 2018 11:01
Service type:	FedEx Ground		
Special Handling:			

  
A. DOYLE  
#15, 10:58, 10 Del, 0 NonDel

---

**Shipping Information:**

---

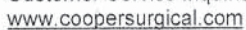
Tracking number:	441588865609	Ship date:	Jul 3, 2018
		Weight:	0.6 lbs/0.3 kg

**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**  
Purchase order number:  
Shipment Id  
Invoice number

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
019618  
749-6762775  
4391399/749-676  
4391399

Thank you for choosing FedEx.



CUSTOMER NO: 019618

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
PO# 749-6779122  
CLARKSDALE, MS 38614  
USA

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 31 of 36





November 12, 2018

Dear Customer:

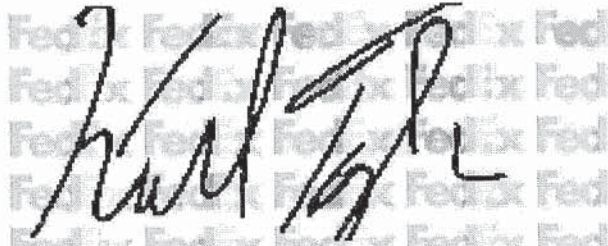
The following is the proof-of-delivery for tracking number **449800449304**.

---

**Delivery Information:**

---

<b>Status:</b>	Delivered	<b>Delivery location:</b>	1970 HOSPITAL DR Clarksdale, MS 38614
<b>Signed for by:</b>	KTAYLOR	<b>Delivery date:</b>	Aug 3, 2018 12:06
<b>Service type:</b>	FedEx Ground		
<b>Special Handling:</b>			



**K. TAYLOR**  
#18, 12:02, 10 Del, 0 NonDel

---

**Shipping Information:**

---

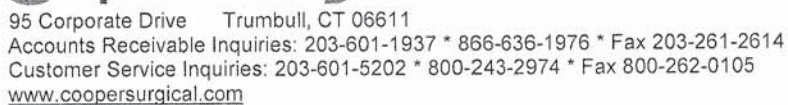
<b>Tracking number:</b>	449800449304	<b>Ship date:</b>	Aug 1, 2018
		<b>Weight:</b>	0.9 lbs/0.4 kg

**Recipient:**  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

**Reference**  
**Purchase order number:**  
**Shipment Id**  
**Invoice number**

**Shipper:**  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
019618  
749-6779122  
4418907/749-677  
4418907

Thank you for choosing FedEx.



INVOICE  
INVOICE NUMBER: 4883049  
INVOICE DATE: 08-14-2018  
CUSTOMER NO: 019618

PAGE: 1 of 1

019618  
NW MISSISSIPPI MED CTR  
PO BOX 1218  
CLARKSDALE, MS 38614-1218  
USA

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
PO# 749-6785681  
CLARKSDALE, MS 38614  
USA

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
5035712	749-6785681	08-13-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 8200 Endometrial Pipelle BX 25 LOT: 242768  Tracking Numbers ===== 449800504702	134.3100	134.31
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
134.31	0.00	0.00	0.00	0.00	\$134.31

[illegible]

Please detach at perforation and mail with remittance. Thank You!

**Remit To:** Cooper Surgical, Inc  
P.O. Box 712280  
Cincinnati, Ohio 45271-2280 USA

Invoice Number: 4883049  
Invoice Date: 08-14-2018  
Account Number: 019618

Remittance Comments:

Case 3:18-bk-05665 Claim 190-1 Filed 01/15/19 Desc Main Document Page 33 of 36



November 12, 2018

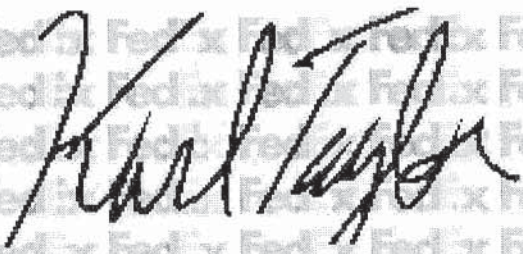
Dear Customer:

The following is the proof-of-delivery for tracking number **449800504702**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	KTAYLOR	Delivery date:	Aug 16, 2018 11:48
Service type:	FedEx Ground		
Special Handling:			

  
K. TAYLOR  
#21, 11:46, 13 Del, 0 NonDel

---

**Shipping Information:**

Tracking number:	449800504702	Ship date:	Aug 14, 2018
		Weight:	1.2 lbs/0.5 kg

Recipient:  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

Reference  
Purchase order number:  
Shipment Id  
Invoice number

Shipper:  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
  
019618  
749-6785681  
4429941/749-678  
4429941

Thank you for choosing FedEx.



[www.coopersurgical.com](http://www.coopersurgical.com)

INVOICE  
INVOICE NUMBER: 4893249  
INVOICE DATE: 08-23-2018  
CUSTOMER NO: 019618

PAGE: 1 of 1

B  
I  
L  
L  
  
T  
O

019618  
NW MISSISSIPPI MED CTR  
PO BOX 1218  
CLARKSDALE, MS 38614-1218  
USA

SHIP TO

48661  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614  
USA

**New Extended U.S. Customer Service Hours 8:00am – 8:30pm ET Monday to Friday!!**

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
5045962	749-6791273	08-23-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030

Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 R2008 RADIUS LOOP ELEC BOX OF 5 LOT: 238798  Tracking Numbers ===== 449800554681	84.0100	84.01

Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
84.01	0.00	0.00	0.00	0.00	\$84.01

4893249 08232018019618 0000000840100000000000000000000000000000008401USD9

Please detach at perforation and mail with remittance. Thank You!

**Remit To:** Cooper Surgical, Inc  
P.O. Box 712280  
Cincinnati, Ohio 45271-2280 USA

Invoice Number: 4893249  
Invoice Date: 08-23-2018  
Account Number: 019618

Remittance Comments:

[illegible]



November 12, 2018

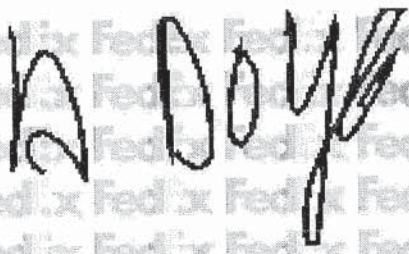
Dear Customer:

The following is the proof-of-delivery for tracking number **449800554681**.

---

**Delivery Information:**

Status:	Delivered	Delivery location:	1970 HOSPITAL DR Clarksdale, MS 38614
Signed for by:	ADOYLE	Delivery date:	Aug 27, 2018 10:32
Service type:	FedEx Ground		
Special Handling:			

  
A. DOYLE  
#12, 10:29, 13 Del, 0 NonDel

---

**Shipping Information:**

Tracking number:	449800554681	Ship date:	Aug 23, 2018
		Weight:	0.5 lbs/0.2 kg

Recipient:  
NW MS REG M/C, MERIT HLTH  
1970 HOSPITAL DRIVE  
(829) CLARKSDALE STORES  
CLARKSDALE, MS 38614 US

Reference  
Purchase order number:  
Shipment Id  
Invoice number

Shipper:  
Lee Plutino  
COOPERSURGICAL INC.  
95 CORPORATE DRIVE  
TRUMBULL, CT 06611 US  
019618  
749-6791273  
4440078/749-679  
4440078

Thank you for choosing FedEx.

	<b>Claimed</b>	<b>Allowed</b>
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>	\$19803.39	