UNITED STATES BA MIDDLE DISTRIC (NASHVILL		ESSEE	503(b)(9) ADMINISTRATIVE EXPENSE CLAIM	
In re: Debtor. Curae Healt NOTE: This form should be used only be expense claim arising under 11 U.S.C. & for any other types of claim. Name of creditor: (The person or other entity to whom the debtor owed money or property.) CooperSurgical, Two	V claimants asser 503(b)(9). This is 100 Curae Heal Amory Refinc. Batesville Center, Inc. Clarksdale Center, Inc. Amory Refinc. Batesville LLC Clarksdale Clarksdale	apter 11 se No. 18-05665 ting an administrative form should not be used r: ing money or property) lth, Inc. egional Medical Center, Regional Medical Regional Medical	ADMINISTRATIVE BAR DATE: January 21, 2019 JAN 15 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN	
Name and addresses where notices should be sent: Cooper Surgical, INC. 75 Corporate Drive Trumbull, CT 06611 Attn: Accounts Receivable	anyone els claim rela Attach cop particulars. Check box received a bankruptcy Check box from the a	tif you are aware that he has filed a proof of ating to your claim. By of statement giving ax if you have never any notices from the court in this case. If your address differs ddress on the envelope by the court.	THIS SPACE IS FOR COURT USE ONLY	
Telephone number: 203-601-5-200 Email:		_		
Last four digits of account or other number by which creditor identifies debtor: $8002 - 9618 - 9679$		Check this box if this claim amends a previously filed claim. Claim number (if known): Filed on:		
1. Basis for claim: ☐ Goods sold ☐ Services performed ☐ Other (describe briefly)		2. Date debt was incur 01-12-18 + HRU 08-15-18 THRU		
3. Date goods were received by debtor: 01-17-18 THRU 08-27-18				
4. Total amount of claim as of the date	the debt was inc	curred: # 19,803	39	

Check this box if the request includes interest or other charges in addition to Attach itemized statement of all interest or additional charges.	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 2	4, 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 unde	rlying this claim:
Attach supporting materials required by field 8 and instructions below.	
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.	has obtained this claim by
☐ This claim is subject to setoff or counterclaim as follows:	assignment and attached a copy of assignment.
8. Supporting documents: Attach redacted copies of supporting documents, su orders, invoices, itemized statements of running accounts, or contracts.	ch as promissory notes, purchaser
All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) the of lading, and similar materials identifying the goods underlying the claim; (ii) and similar materials identifying the goods underlying the claim; (ii) and of lading are companied by copies of:	ne particular invoices, receipts, bills
under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods videbtor.	were actually received by the
Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in	the ordinary course of the debtor's
<u>business</u> .	
Do not send original documents. Attached documents may be destroyed after sca available, explain. If the documents are voluminous, attach a summary.	nning. If the documents are not
LOSE BERTSTEIN → 100 → 1000 P.C. 100 P	
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 claim	im, submit a copy of your proof of n.
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	e 3004).
I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 30	
I declare under penalty of perjury that the information provided in this claim is tr knowledge, information, and reasonable belief.	ue and correct to the best of my

- 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.

Print name: James Du BRAVA Title: Accounts Receivable mg Company: Cooper Surgical, TMC- Address and telephone number (if different from notice	(Signature) (Date)
address above): 75 Corporate Drive Trum bull, CT 06611	
Telephone number: Email:	1

903-601-5700
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.

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.

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.

CoperSurgical

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

INVOICE

INVOICE NUMBER: 4884894 INVOICE DATE: 08-15-2018 CUSTOMER NO: 10129679

PAGE: 1 of 1

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

4884894

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

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

Order	No. Yo	ur P.O. No.	Rev Date	r <i>Service Hours 8:00am – 8:30)</i> Ship Via	F.O.B	Terms
5029	302	01756	08-07-18	FedEx Ground - Customer	SHIP POINT	0.00/0/30
Item No.	Qty Shipped	Qty Back Ordered	- 1	Product Description		Extended Amt.
1	1.00	0.00	Contact: GMHWR AVM-851J BX OF FILSHIE C LOT: 37843 Tracking Numbers ========449800512869		1,295.2200	1,295.22
Invo	ice Sub Total	Discount	Sales	Tax Excise Tax	Handling	Invoice Total
	1,295.22	0.00	0.0	0.00	0.00	\$1,295.22

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

Remit To:	Cooper Surgical, Inc	Invoice Number:	4884894
	P.O. Box 712280	Invoice Date:	08-15-2018
	Cincinnati, Ohio 45271-2280 USA	Account Number:	10129679
Remittance Com	nments:		

D815201810129679 00000129522000000000000000000129522USD5



C# 10129679 TN# 4884894

December 20,2018

Dear Customer:

The following is the proof-of-delivery for tracking number 449800512869.

Delivery Information:

Status:

Delivered

Delivery location:

1105 EARL FRYE BLVD

Amory, MS 38821

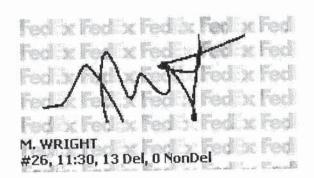
Signed for by:

Service type:

MWRIGHT FedEx Ground Delivery date:

Aug 17, 2018 11:32

Special Handling:



Shipping Information:

Tracking number:

449800512869

Ship date:

Aug 15, 2018

0.6 lbs/0.3 kg Weight:

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 01756

4431833/01756

4431833

INVOICE

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

PAGE: 1 of 1

В L T 0

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

48691 GILMORE MEM REG MED CTR H 1105 EARL FRYE BLVD RECEIVING DEPT. PO 01906 AMORY, MS 38821 T USA 0

Order	r No. Yo	our P.O. No.	Rev Date	Ship Via	F.O.B	Terms
5041	428	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: PURCHA AVM-851J BX OF FILSHIE C LOT: 37843 Tracking Numbers =======449800533558		1,295.2200	1,295.22
Invo	oice Sub Total	Discount	Sales	Tax Excise Tax	Handling	Invoice Total
	1,295.22	0.00	0.0	0.00	0.00	\$1,295.22

4889117 0820201810129679 0000012952200000000000000000129522USD5 _____

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

MWRIGHT FedEx Ground Delivery location:

1105 EARL FRYE BLVD

Amory, MS 38821

Signed for by:

Delivery date:

Aug 23, 2018 10:59

Service type:

Special Handling:

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

Shipping Information:

Tracking number:

449800533558

Ship date: Weight: Aug 20, 2018 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

INVOICE

INVOICE NUMBER: 4890148 INVOICE DATE: 08-21-2018 **CUSTOMER NO: 10129679**

PAGE: 1 of 1

В L Т 0

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

GILMORE MEM REG MED CTR 1105 EARL FRYE BLVD RECEIVING DEPT. P AMORY, MS 38821 USA T 0

ndod U.C. Quetomor Corning House 9.00am ... 9.20nm FT Monday to Fridayll

Order	No. Yo	ur P.O. No.	Rev Date	r <i>Service Hours 8:00am – 8:30</i> Ship Via	F.O.B	Terms
5042	695	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: UNKNOV CTI-512N C-T CLOSESURE LOT: 242335 Tracking Numbers =========449800539486	,5/BOX	564.0000	564.00
Invo	oice Sub Total	Discount	Sales	Tax Excise Tax	Handling	Invoice Total
	564.00	0.00	0.0	0.00	0.00	\$564.00

0821201810129679 000000564000000000000000000000056400USD2

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

ACC. 1	COLUMN		-	1999
Re	m	it	510	0.
110	111	1.6		v.

4890148

Cooper Surgical, Inc P.O. Box 712280

Cincinnati, Ohio 45271-2280 USA

Invoice	Number:
HAOICE	Mumber.

4890148

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

Remittance Comments:	

4890148



C# 10129679 Tav# 4890148

December 20,2018

Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

1105 EARL FRYE BLVD

Amory, MS 38821

Signed for by:

MMCNEESE FedEx Ground Delivery date:

Aug 24, 2018 11:15

Service type: Special Handling:

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

Shipping Information:

Tracking number:

449800539486

Ship date: Weight:

Aug 21, 2018

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

CoperSurgical

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

INVOICE INVOICE VALUE AND AUGUST AUGU

PAGE: 1 of 1

BILL TO

TRILAKES MEDICAL CTR 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608 S 66336
TRILAKES MEDICAL CENTER
303 MEDICAL CENTER DR.
PANOLA MEDICAL CENTER
BATESVILLE, MS 38606
USA

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

Order	r No	Your	P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4965			0346	06-01-18	UPS GROUND	SHIP POINT	0.00/000/030
ltem No.	Qty Shippe	ed	Qty Back Ordered	Pro	oduct Description	Unit Price	Extended Amt.
1		1.00	0.00	Contact: BUYER 662 AVM-851 BX OF FILSHIE CLP LOT: 37844 Tracking Numbers ====================================	S 20 PRS	2,427.780	0 2,427.78
Inv	oice Sub	Total	Discount	Sales Ta	ax Excise Tax	Handling	Invoice Total
	2,427.	78	0.00	0.00	0.00	10.07	\$2,437.85

OPO4507970749005 0000054554900000000000000000054358202D9

Please detach at perforation and mail with remittance. Thank Youl

Remit To:

4814143

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 00000242778000000000000000000243785U2)8



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

NPT2AFM:000A0000

INVOICE INVOICE NUMBER: 4680698 INVOICE DATE: 01-12-2018 CUSTOMER NO: 019618

PAGE: 1 of 1

019618 В NW MISSISSIPPI MED CTR PO BOX 1218 CLARKSDALE, MS 38614-1218 L T 0

48661 NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES P PO# 749-6638246 CLARKSDALE, MS 38614 T USA 0

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

Order No. Your		r P.O. No.	Rev Date		ip Via	F.	0.B	30000	Terms					
4826	4826726 749-6		-6638246	01-11-18 FedEx Ground - Customer SH		SHIP	PPOINT		0.00/000/030					
Item No.	Q Ship		Qty Back Ordered	Product Description		Product Description		Product Description				Unit Price		Extended Amt.
1		1.00	0.00	UMB678	JTERINE MANIPULATOR TIP B			260.5100	Т	260.51				
2		1.00	0.00	UMG670 UTERINE MANIPU LOT: 224804	UTERINE MANIPULATOR TIP G				Т	260.51				
3		1.00	0.00	LOT: 37331 Tracking Numbers	BX OF FILSHIE CLPS 20 PRS LOT: 37331 Tracking Numbers ====================================					2,427.78				
Invo	oice Su	ıb Total	Discount	Sales	Tax	Excise Tax	Shippin	g/Handling		Invoice Total				
	2,94	8.80	0.00	36.4	48	0.00		0.00		\$2,985.28				

000002948800000364800000000000298528USD1 07755079074679

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

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

4680698

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

Remittance Comments:



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

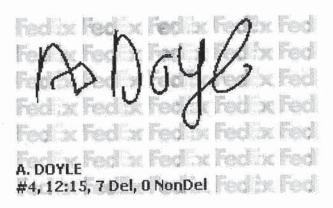
FedEx Ground

Delivery date:

Jan 17, 2018 12:17

Service type:

Special Handling:



Shipping Information:

Tracking number:

417721320714

Ship date:

Jan 12, 2018

Weight:

Shipper:

Lee Plutino

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 749-6638246

4232281/749-663

COOPERSURGICAL INC.

TRUMBULL, CT 06611 US

95 CORPORATE DRIVE

4232281

019618

INVOICE INVOICE NUMBER: 4736265 **INVOICE DATE: 03-12-2018** CUSTOMER NO: 019618

PAGE: 1 of 1

019618 В NW MISSISSIPPI MED CTR PO BOX 1218 L **CLARKSDALE, MS 38614-1218** L T

0

48661 NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES CLARKSDALE, MS 38614 USA T 0

Order No	o. You	r P.O. No.	Rev Date	r Service Hours 8:00am – 8:30 Ship Via	F.O.B	Terms
4884486	749	-6688637	03-12-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No. S	Qty Shipped	Qty Back Ordered		Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASH. CPO-6 Package of 6 Ster LOT: 241474 Tracking Numbers ==========425759310509		585.3000	T 585.30
Invoice	Sub Total	Discount	Sales	Tax Excise Tax	Shipping/Handling	Invoice Total
	585.30	0.00	40.9	97 0.00	0.00	\$626.27

000000585300000409700000000000062627USDl

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

Remit To:	Cooper Surgical, Inc
CLLS TOTAL COMPANY OF THE CLLS OF THE PROPERTY OF THE CLLS OF THE CLUS OF THE	P.O. Box 712280
	Cincinnati, Ohio 45271-2280 USA

4736265

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

Account Number:

019618

Remittance Comments:

4736265 03122018019618 Case 3:18-bk-05665 Claim 190-1

03155018014618



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

FedEx Ground

Delivery date:

Mar 14, 2018 11:53

Service type:

Special Handling:

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

Shipping Information:

Tracking number:

425759310509

Ship date:

Weight:

Mar 12, 2018

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



INVOICE **INVOICE NUMBER: 4751903** INVOICE DATE: 03-28-2018 CUSTOMER NO: 019618

PAGE: 1 of 1

B L T

0

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

48661 S NW MS REG M/C, MERIT HLTH H 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES P CLARKSDALE, MS 38614 USA T 0

Now Extended H.C. Queterner Comice House C. Olem 9.20nm ET Monday to Eridayll

Order	No.	our P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4900	550	749-6700095	03-28-18	FedEx Ground - Custome	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered		Product Description		t Price Extended Amt.
1	1.00	0.00	Contact: YATASH, AVM-851 BX OF FILSHIE C LOT: 37779 Tracking Numbers =======433827030666		2,4	27.7800 2,427.78
Invo	ice Sub Tota	al Discount	Sales	Tax Excise Ta	x Shipping/Handlin	g Invoice Total
11.04.001	2,427.78	0.00	0.0	0 0.00	0.00	\$2,427.78

CQC000242778000000000000000000000242778USD3 03282018019618

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

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

4751903

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

Remittance Comments:		
	2- 32- maybe 40-17 respectives as a second of the second o	



Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

1970 HOSPITAL DR

Clarksdale, MS 38614

Signed for by:

KTAYLOR

FedEx Ground

Delivery date:

Mar 30, 2018 11:51

Service type: Special Handling:

Fed or Fed

K. TAYLOR

#17, 11:49, 16 Del, 0 NonDel

Shipping Information:

Tracking number:

433827030666

Ship date:

Mar 28, 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 749-6700095 4300859/749-670 4300859

INVOICE INVOICE NUMBER: 4756235 INVOICE DATE: 04-03-2018 CUSTOMER NO: 019618

PAGE: 1 of 1

019618 В NW MISSISSIPPI MED CTR PO BOX 1218 L CLARKSDALE, MS 38614-1218 L USA T 0

48661 NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES PO 749-6703622 CLARKSDALE, MS 38614 T USA 0

Extended II C Cuctomer Service Hours 8:00am - 8:30nm FT Monday to Fridayll

Order	No. Yo	ur P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4904	904895 749-6703622		04-02-18	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: YATASH, S1007 CONDYLOMA ELILOT: 234845 Tracking Numbers 433827050749		84.010	00 84.01
Invo	ice Sub Total	Discount	Sales	Tax Excise Tax	Shipping/Handling	Invoice Total
	84.01	0.00	0.0	0.00	0.00	\$84.01

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

Remit To:	Cooper Surgical, Inc	Invoice Number:	4756235
	P.O. Box 712280	Invoice Date:	04-03-2018
	Cincinnati, Ohio 45271-2280 USA	Account Number:	019618
Remittance Con	nments:		

4756235

04032018019618

0000000840100000000000000000000008401USD5



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: Service type: KTAYLOR FedEx Ground Delivery date:

Apr 5, 2018 12:09

Special Handling:

Taylon a Fed a Fed a Fed

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

Shipping Information:

Tracking number:

433827050749

Ship date:

Weight:

Apr 3, 2018

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



INVOICE INVOICE NUMBER: 4764389 INVOICE DATE: 04-11-2018 CUSTOMER NO: 019618

PAGE: 1 of 1

В 1 L Т 0

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

4764389

48661 NW MS REG M/C, MERIT HLTH H 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES Po# 749-6709745 CLARKSDALE, MS 38614 T USA 0

New Fytended II S. Customer Service Hours R:00am - R:30nm ET Monday to Friday!!

Order No. Your P.O. No.		A STATE OF THE PARTY OF THE PAR	Rev Date	Ship	Control of the same of the sam	F.O.		Terms
49135	749	9-6709745	04-10-18	FedEx Ground	I - Customer	SHIP P	OINT	0,00/000/030
Item No.	Qty Shipped	Qty Back Ordered		Product Description			Unit Price	Extended Amt.
1	1.00	0.00	AVM-851 BX OF FILSHIE C LOT: 37823 Tracking Numbers	Contact: YATASHA MUSKIN 662-624-3453 AVM-851 3X OF FILSHIE CLPS 20 PRS .OT: 37823 Tracking Numbers				2,427.78
Invoi	ice Sub Total	Discount	Sales	Tax	Excise Tax	Shipping	'Handling	Invoice Total
2,427.78 0.00		0.0	0	0.00		0.00	\$2,427.78	

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

Remit To	Cooper Surgical, Inc	Invoice Number:	4764389
	P.O. Box 712280	Invoice Date:	04-11-2018
	Cincinnati, Ohio 45271-2280 USA	Account Number:	019618
Remittance Co	omments:		

04112018019618

ECZUB774270000000000000000000000024277800000



Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

1970 HOSPITAL DR

Clarksdale, MS 38614

Signed for by:

KTAYLOR

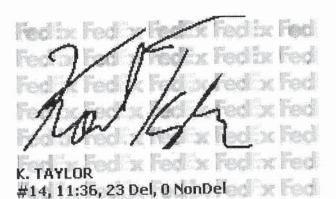
Delivery date:

Apr 13, 2018 11:40

Service type:

FedEx Ground

Special Handling:



Shipping Information:

Tracking number:

433827088856

Ship date:

Apr 11, 2018

Wei

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 749-6709745 4312975/749-670 4312975

INVOICE INVOICE NUMBER: 4776102 INVOICE DATE: 04-24-2018 CUSTOMER NO: 019618

PAGE: 1 of 1

019618 В NW MISSISSIPPI MED CTR 1 PO BOX 1218 CLARKSDALE, MS 38614-1218 L T 0

48661 NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES PO# 749-6718475 CLARKSDALE, MS 38614 USA 0

Order	Order No. Your P.O. No.		Rev Date		Kours 8:00am – 8:30 Ship Via	F.C		Terms		
4926	4926175 749-6718475		04-23-18	FedEx C	Ground - Customer	SHIP	POINT	0.00/000/030		
Item No.	Qty Shippe	ed	Qty Back Ordered	F	Product De	escription		Unit Price	Extended Amt.	
1	d	1.00	0.00	Contact: YATASHAZSI1152 Zui Uterine Injecto LOT: 199724 Tracking Numbers 433827144091	r	662-624-3453		270.1700	270.1	
Invo	ice Sub 7	Total	Discount	Sales	Tax	Excise Tax	Shipping	/Handling	Invoice Total	
270.17 0.00		0.0	0	0.00		0.00	\$270.17			

P(Sn212102200000000000000000000055071702)P 4776102 04242018019618

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

Remit To:	Cooper Surgical, Inc	Invoice Number:	4776102
	P.O. Box 712280	Invoice Date:	04-24-2018
	Cincinnati, Ohio 45271-2280 USA	Account Number:	019618
Remittance Con	nments:		



Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

Delivery date:

1970 HOSPITAL DR

Clarksdale, MS 38614

Apr 26, 2018 11:54

Signed for by:

Service type:

KTAYLOR

FedEx Ground

Special Handling:

Fed at Fed

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

Shipping Information:

Tracking number:

433827144091

Ship date:

Weight:

Apr 24, 2018 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 749-6718475 4324476/749-671 4324476

INVOICE INVOICE NUMBER: 4780430

INVOICE DATE: 04-27-2018 CUSTOMER NO: 019618

PAGE: 1 of 1

019618 B L USA T 0

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

NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES CLARKSDALE, MS 38614 USA T 0

u Evtondod U.C. Buctomor Comico Hours 8.00am _ 8.20nm FT Monday to Fridayll

Order	rder No. Your P.O. No.		Rev Date	<i>r Service Hours 8:00ai</i> Ship Via		.о.в	Terms
49307	92 7	19-6721373	04-26-18	04-26-18 FedEx Ground - Customer SHIF		POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered		Product Description		Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASH, AVM-851 BX OF FILSHIE C LOT: 37823 Tracking Numbers 433827165468			2,427.7800	2,427.78
Invoi	ce Sub Total	Discount	Sales	Tax Excise	Tax Shippi	ng/Handling	Invoice Total
2,427.78 0.00		0.0	0 0.00)	0.00	\$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

4780430

04272018019618

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: Invoice Date:

4780430 04-27-2018

Account Number:

019618

Remittance Comment	s:	N. A. Caller, M. Caller, H. W. Caller, M. Ca	

4780430 04272018019618

PQ200242778000000000000000000000242778USD4



Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

Delivery date:

1970 HOSPITAL DR

Clarksdale, MS 38614

May 1, 2018 11:31

Signed for by:

Service type:

KTAYLOR

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

INVOICE

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

PAGE: 1 of 1

019618 В NW MISSISSIPPI MED CTR PO BOX 1218 L CLARKSDALE, MS 38614-1218 L T 0

48661 NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES P PO# 749-6724230 CLARKSDALE, MS 38614 T USA 0

Order	No.	You	r P.O. No.	Rev Date	r Service Hours 8:00am Ship Via	F	.O.B	Terms
49349	966	749	-6724230	05-01-18	05-01-18 FedEx Ground - Customer SHIF		POINT	0.00/000/030
Item No.	Qt Ship		Qty Back Ordered		Product Description	Unit Price	Extended Amt.	
1		1.00 0.00		Contact: YATASH, 42-2540 NEO-FIT NEONAT LOT: 234585 Tracking Numbers ==========433827186032			141.3500	141.38
Invo	ice Su	b Total	Discount	Sales	Tax Excise T	ax Shippi	ng/Handling	Invoice Total
01	14	1.35	0.00	0.0	0 0.00		0.00	\$141.35

000000141350000000000000000000014135USD3

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

Remit To:	Cooper Surgical, Inc	Invoice Number:	4784912
	P.O. Box 712280	Invoice Date:	05-02-2018
	Cincinnati, Ohio 45271-2280 USA	Account Number:	019618
Remittance Con	nments:	3	

05022018019618

4784912



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 FedEx Ground Delivery date:

May 4, 2018 11:55

Service type: Special Handling:

x Fed x Fed x Fed

#23, 11:50, 28 Del, 0 NonDel

Shipping Information:

Tracking number:

433827186032

Ship date: Weight:

May 2, 2018 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

INVOICE INVOICE NUMBER: 4843463

INVOICE DATE: 07-02-2018 CUSTOMER NO: 019618

PAGE: 1 of 1

019618 В NW MISSISSIPPI MED CTR PO BOX 1218 L CLARKSDALE, MS 38614-1218 L USA T 0

4843463

48661 NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES PO 749-6762775 CLARKSDALE, MS 38614 T USA 0

dod II C. Cuctomer Service Hours 8:00am - 8:30nm FT Monday to Friday!!

Order	No.	Your	P.O. No.	Rev Date		<i>urs 8:00am – 8:30.</i> nip Via	F,C).B	Terms
49960	092	749-6	762775	07-02-18	FedEx Gro	und - 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: YATASH, R2008 RADIUS LOOP EL LOT: 234689 Tracking Numbers 	EC BOX OF			84.0100	84.01
Invo	ice Sub To	otal	Discount	Sales	Tax	Excise Tax	Shipping	g/Handling	Invoice Total
- 1 N - 2 2 2	84.01		0.00	0.0	10	0.00		0.00	\$84.01

07022018019618

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

Remit To:	Cooper Surgical, Inc	Invoice Number:	4843463
	P.O. Box 712280	Invoice Date:	07-02-2018
	Cincinnati, Ohio 45271-2280 USA	Account Number:	019618
Remittance Con	nments:		



Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

Delivery date:

1970 HOSPITAL DR

Clarksdale, MS 38614

Jul 6, 2018 11:01

Signed for by:

Service type:

ADOYLE

FedEx Ground

Special Handling:

#15, 10:58, 10 Del, 0 NonDel

Shipping Information:

Tracking number:

441588865609

Ship date:

Weight:

Jul 3, 2018 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

INVOICE **INVOICE NUMBER: 4871798** INVOICE DATE: 08-01-2018 CUSTOMER NO: 019618

PAGE: 1 of 1

019618 B NW MISSISSIPPI MED CTR 1 PO BOX 1218 L CLARKSDALE, MS 38614-1218 L USA T 0

48661 NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES PO# 749-6779122 CLARKSDALE, MS 38614 T USA 0

New Fytended II S. Customer Service Hours 8:00am - 8:30nm FT Monday to Friday!!

Order	No. You	No. Your P.O. No.		Ship Vi	and the same of th	F.O		Terms	
50244	5024446 749-6779122		08-01-18	08-01-18 FedEx Ground - Customer SHII		SHIP P	OINT	0.00/000/030	
Item No.	Qty Shipped	Qty Back Ordered		Product Description			Unit Price	Extended Amt.	
1	1.00	0.00	R2010	ADIUS LOOP ELEC BOX OF 5			84.0100	84.01	
2	1.00	0.00	AVM-851 BX OF FILSHIE C LOT: 37869 Tracking Numbers	OF FILSHIE CLPS 20 PRS OT: 37869			2,427.7800	2,427.78	
			449800449304						
Invo	ice Sub Total	Discount	Sales	Tax E	xcise Tax	Shipping	/Handling	Invoice Total	
2,511.79 0.00		0.0	0.00 0.00				\$2,511.79		

842762775200000000000000000000005277520000 08075079074678

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

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

4871798 Invoice Number: 08-01-2018 Invoice Date:

Account Number:

019618

Remittance Comments:

4871798

4871798 08012018019618

BCZUP711250000000000000000000000251179USD8



Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

1970 HOSPITAL DR

Clarksdale, MS 38614

Signed for by:

KTAYLOR FedEx Ground Delivery date:

Aug 3, 2018 12:06

Service type: Special Handling:

hall for

K. TAYLOR

#18, 12:02, 10 Del, 0 NonDel

Shipping Information:

Tracking number:

449800449304

Ship date: Weight: Aug 1, 2018 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

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

PAGE: 1 of 1

B 1 L T 0

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

48661 NW MS REG M/C, MERIT HLTH 1970 HOSPITAL DRIVE (829) CLARKSDALE STORES PO# 749-6785681 CLARKSDALE, MS 38614 T USA 0

New Extended II S. Customer Service Hours 8:00am — 8:30nm FT Monday to Friday!!

Order	No. You	ır P.O. No.	Rev Date		<i>urs 8:00am – 8:30.</i> nip Via		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 ====================================		134.3100	134.31		
Invoi	ice Sub Total	Discount	Sales	Tax	Excise Tax	Shippin	g/Handling	Invoice Total
	134.31	0.00	0.0	10	0.00		0.00	\$134.31

08145078074678

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

		Invoice Numbe
Remit To:	Cooper Surgical, Inc	Invoice Date:
RT - TO NET-POLICIED I - FEIRING	P.O. Box 712280	Account Numb
	Cincinnati, Ohio 45271-2280 USA	

4883049 08-14-2018 er: 019618

Remittance Comments:	

4883049

0000001343100000000000000000000013431USD5



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 FedEx Ground Delivery date:

Aug 16, 2018 11:48

Service type:

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

CoperSurgical

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

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

PAGE: 1 of 1

B O19 NW PO L CLA USA T

019618 NW MISSISSIPPI MED CTR PO BOX 1218 CLARKSDALE, MS 38614-1218 S H 1970 HOSPITAL DRIVE (829) CLARKSDALE, MS 38614 USA

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

Order	No.	Your P.O. No.	Rev Date	r <i>Service Hours 8:00am – 8:30</i> Ship Via	F.O.B	Terms	
5045962 749-		749-6791273	08-23-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030	
ltem No.	Qty Shipped	Qty Back Ordered		Product Description	Unit Price	Extended Amt.	
1	1.0	0.00	Contact: YATASH, R2008 RADIUS LOOP EL LOT: 238798 Tracking Numbers =========449800554681		84.0100	84.0	
Invo	ice Sub Tot	al Discount	Sales	Tax Excise Tax	Shipping/Handling	Invoice Total	
-	84.01	0.00	0.0	0.00	0.00	\$84.01	

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

HANNING THE			ACTUAL CO.	16
R	-	 100	-	а.

Cooper Surgical, Inc

P.O. Box 712280

Cincinnati, Ohio 45271-2280 USA

nvoice	Number:
--------	---------

4893249

Invoice Date:

08-23-2018

Account Number:

019618

Remittance Comments:

4893249

08535079074678



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

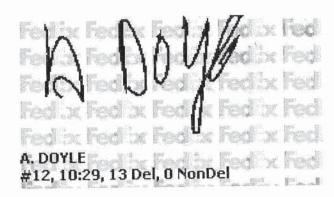
Signed for by:

Service type:

ADOYLE FedEx Ground Delivery date:

Aug 27, 2018 10:32

Special Handling:



Shipping Information:

Tracking number:

449800554681

Ship date: Weight:

Aug 23, 2018 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

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: (6822278) Claim No: 190 Status:
COOPER SURGICAL INC Original Filed Filed by: CR
(ADMINISTRATIVE) Date: 01/15/2019 Entered by: Intake2
75 CORPORATE DRIVE Original Entered Modified:

ATTN ACCOUNTS RECEIVABLE

Admin claimed: \$19803.39

History:

<u>Details</u> <u>190-</u> 01/15/2019 Claim #190 filed by COOPER SURGICAL INC, Admin claimed: \$19803.39

(Intake2)

Description: (190-1) GOODS SOLD

Remarks:

Claims Register Summary

Case Name: Curae Health Inc. Case Number: 3:18-bk-05665

Chapter: 11

Date Filed: 08/24/2018 **Total Number Of Claims:** 1

Total Amount Claimed*			
Total Amount Allowed*			

^{*}Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative	\$19803.39	