

Fill in this information to identify the case:

Debtor 1 Curae Health  
 Debtor 2 (Spouse, if filing) Amory Reg Med  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 Case number 3:18-bk-05675/05665

**FILED**

JAN 17 2019

U.S. BANKRUPTCY COURT  
MIDDLE DISTRICT OF TN

Official Form 410

**Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?		<u>Applied Medical Resources</u> Name of the current creditor (the person or entity to be paid for this claim)	
		Other names the creditor used with the debtor <u>N/A</u>	
2. Has this claim been acquired from someone else?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)
	<u>Applied Medical</u> Name		<u>Same</u> Name
	<u>29977 Avenida Las Bandas</u> Number Street		<u>Same</u> Number Street
	<u>RSM CA 92688</u> City State ZIP Code		<u>Same</u> City State ZIP Code
	Contact phone <u>949-713-8000</u>		Contact phone <u>Same</u>
	Contact email <u>Credit@AppliedMed.com</u>		Contact email <u>Same</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amend one already filed?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
5. Do you know if anyone else has filed a proof of claim for this claim?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Filed on \_\_\_\_\_  
MM / DD / YYYY

**Part 2:****Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7490

7. How much is the claim? \$ 16,610.00 Does this amount include interest or other charges? ☒ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  
Good Sold

9. Is all or part of the claim secured? ☒ No ☐ Yes. The claim is secured by a lien on property.  
**Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

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

\$ \_\_\_\_\_

☐ Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,850\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)(\_\_\_\_) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

### Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

1/16/2019  
MM DD YYYY

Signature

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

Name

Laila S Amini

First name

Middle name

Last name

Title

Credit & Collection Specialist

Company

Applied Medical Resources

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

Address

89977 Avenida de las Bandas

Number

Street

Rancho Santa Margarita

CA

92688

City

State

ZIP Code

Contact phone

949-713-8000

Email

Credit@AppliedMedical.com



**PLEASE REMIT TO:**  
 APPLIED MEDICAL  
 PO BOX 3511  
 CAROL STREAM IL 60132-3511  
 USA

ACCOUNT NO.	PAGE
1017490	1 / 1
STATEMENT DATE	
01/16/2019	

## CUSTOMER STATEMENT

ZZ\*\*Gilmore Memorial Hosp  
 Bankruptcy  
 1105 Earl Frye Blvd  
 Amory MS 38821-5500

Doc Date	Due Date	Type	Doc Number	Reference	Amount
07/03/2018	08/02/2018	Invoice	95097301	01373	2,820.00
07/05/2018	08/04/2018	Invoice	95101177	01393	1,050.00
07/06/2018	08/05/2018	Invoice	95104882	01407	540.00
07/09/2018	08/08/2018	Invoice	95107933	01426	630.00
07/10/2018	08/09/2018	Invoice	95111111	01452	750.00
07/12/2018	08/11/2018	Invoice	95116370	01470	445.00
07/17/2018	08/16/2018	Invoice	95126017	01504	810.00
07/20/2018	08/19/2018	Invoice	95133680	01553	1,050.00
07/23/2018	08/22/2018	Invoice	95136345	01574	540.00
07/24/2018	08/23/2018	Invoice	95139082	01122	365.00
07/27/2018	08/26/2018	Invoice	95146322	01634	210.00
07/31/2018	08/30/2018	Invoice	95152793	01666	750.00
07/31/2018	08/30/2018	Invoice	95152794	01696	210.00
08/03/2018	09/02/2018	Invoice	95160297	01716	3,060.00
08/07/2018	09/06/2018	Invoice	95165246	01752	1,350.00
08/07/2018	09/06/2018	Invoice	95165247	01785	210.00
08/15/2018	09/14/2018	Invoice	95179611	01867	1,020.00
08/20/2018	09/19/2018	Invoice	95187294	01904	540.00
08/21/2018	09/20/2018	Invoice	95189790	01897	260.00
Amount Due					16,610.00

Breakdown of Outstanding Balance					
Current	1 to 30 days	31 to 60 days	61 to 90 Days	91 to 120 days	Over 120 Days
0.00	0.00	0.00	0.00	800.00	15,810.00





**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95189790	1
INVOICE DATE	
08/21/2018	

**Invoice**

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA		
4443046	08/16/2018	1017490	0001	50591	01897		UPS Ground		
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION				UNIT PRICE		UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or [purchaseorders@appliedmedical.com](mailto:purchaseorders@appliedmedical.com). Thank You

1	1	101355601 C8312, XS ALEXIS WND PROT/RET 5/BX			260.00	BOX	260.00
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<div>NOTE</div> <div>Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.</div>	<div>COMMENTS:</div>	SALES AMOUNT		260.00
		SHIPPING & HANDLING		0.00
		SALES TAX		0.00
		TOTAL \$		260.00
	<div>TERMS:</div> <div>Net 30</div>			



ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: RECV DEPT  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328421419

According to our records **1** parcel was delivered on **08/23/18** at **11:43 A.M.**. The shipment was received by **MCNEESE**.

TPA1REH:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95187294	1
INVOICE DATE	
08/20/2018	

Invoice

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA		
4444936	08/17/2018	1017490	0001	50591	01904		UPS Ground		
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION				UNIT PRICE		UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or [purchaseorders@appliedmedical.com](mailto:purchaseorders@appliedmedical.com). Thank You

2	2	101219301	CTF33, 11x100 Kii Fios ZTHR 6/BX			270.00	BOX	540.00
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<b>NOTE</b> Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	<b>COMMENTS:</b>	<b>SALES AMOUNT</b>	540.00
		SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		<b>TOTAL \$</b>	540.00
	<b>TERMS:</b> Net 30		



ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: RECV DEPT  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328414169

According to our records 1 parcel was delivered on 08/22/18 at 11:22 A.M.. The shipment was received by MCNEESE.

TPA1REH:000A0000





**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95179611	1
INVOICE DATE	
08/15/2018	

**Invoice** \_\_\_\_\_

\*\*\* Re-Print \*\*\*

SOLD TO:

SHIP TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA		
4440339	08/15/2018	1017490	0001	50591	01867	UPS Ground		
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE		UOM	NET PRICE

you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

1	1	100864401			750.00	BOX	750.00
		CD001, 10mm RETRIEVAL SYSTEM, 10/BX					
1	1	101219601			270.00	BOX	270.00
		CTB73, 12x100 Kii SH BLD ZTHR 6/BX					

<b>NOTE</b> Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	<b>COMMENTS:</b>	<b>SALES AMOUNT</b>	1,020.00
		SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		<b>TOTAL \$</b>	1,020.00
		<b>TERMS:</b> Net 30	



ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: RECV DEPT  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328400227

According to our records 1 parcel was delivered on 08/17/18 at 12:03 P.M.. The shipment was received by WRIGHT.

TPA1REH:000A0000







ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

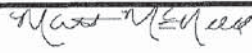
INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: RECV DEPT  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328369129

According to our records 1 parcel was delivered on 08/09/18 at 11:44 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328369129	1105 EARL FRYE BLVD AMORY	

TPA1REH:000A0000



**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95165246	1
INVOICE DATE	
08/07/2018	

**Invoice**

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA		
4427878	08/07/2018	1017490	0001	50591	01752		UPS Ground		
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION				UNIT PRICE		UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or [purchaseorders@appliedmedical.com](mailto:purchaseorders@appliedmedical.com). Thank You

2	2	101246101			270.00	BOX	540.00
		C0R47, 12x100 Kii BALLOON BLUNT TIP 6/BX					
3	3	101219301			270.00	BOX	810.00
		CTF33, 11x100 Kii Fios ZTHR 6/BX					

NOTE	COMMENTS:	SALES AMOUNT	
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	TERMS: Net 30		1,350.00
		SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	1,350.00



ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

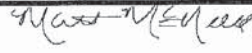
INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: RECV DEPT  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328368602

According to our records 1 parcel was delivered on 08/09/18 at 11:44 A.M., and left at **INSIDE DELIVERY**. The shipment was received by **MCNEESE** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328368602	1105 EARL FRYE BLVD AMORY	

TPA1REH:000A0000





**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95160297	1
INVOICE DATE	
08/03/2018	

**Invoice** \_\_\_\_\_

\*\*\* Re-Print \*\*\*

SOLD TO:

SHIP TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA	
4422424	08/02/2018	1017490	0001	50591	01716		UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE		UOM	NET PRICE
you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You								
5	5	101138401			210.00		BOX	1,050.00
		CTF03, 5x100 Kii Fios Z-THR 6/BX						
2	2	101219301			270.00		BOX	540.00
		CTF33, 11x100 Kii Fios ZTHR 6/BX						
7	7	101208701			210.00		BOX	1,470.00
		CTS02, 5x100 Kii SLEEVE ZTHR 12/BX						
NOTE		COMMENTS:				SALES AMOUNT		3,060.00
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.						SHIPPING & HANDLING		0.00
						SALES TAX		0.00
						TOTAL \$		3,060.00
		TERMS:						
		Net 30						



ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: RECV DEPT  
GILMORE MEMORIAL HOSP  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328353529

According to our records 1 parcel was delivered on 08/07/18 at 11:43 A.M.. The shipment was received by MCNEESE.

TPA1REH:000A0000



**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95152794	1
INVOICE DATE	
07/31/2018	

**Invoice** \_\_\_\_\_

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4417554	07/31/2018	1017490	0001	50591	01696	UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE	UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

1	1	101063001 C0Q19, Kii 8x100 Z-THR OPT SYS 6/BX			210.00	BOX	210.00
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NOTE	COMMENTS:	SALES AMOUNT	210.00
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.		SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	210.00
	TERMS: Net 30		





ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

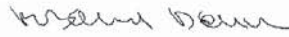
INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328339750

According to our records 1 parcel was delivered on 08/02/18 at 11:34 A.M., and left at INSIDE DELIVERY  
. The shipment was received by DODD as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328339750	1105 EARL FRYE BLVD AMORY	

TPA1REH:000A0000



**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95152793	1
INVOICE DATE	
07/31/2018	

**Invoice**

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4416162	07/30/2018	1017490	0001	50591	01666	UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE	UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or [purchaseorders@appliedmedical.com](mailto:purchaseorders@appliedmedical.com). Thank You

1	1	100864401 CD001, 10mm RETRIEVAL SYSTEM, 10/BX			750.00	BOX	750.00
---	---	--	--	--	--------	-----	--------

<div>NOTE</div> <div>Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.</div>	<div>COMMENTS:</div> <div></div> <div>TERMS:</div> <div>Net 30</div>	SALES AMOUNT	750.00
		SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	750.00



ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

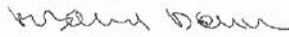
INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328337930

According to our records 1 parcel was delivered on 08/02/18 at 11:34 A.M., and left at INSIDE DELIVERY  
. The shipment was received by DODD as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328337930	1105 EARL FRYE BLVD AMORY	

TPA1REH:000A0000







ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328325774

According to our records 1 parcel was delivered on 07/31/18 at 11:06 A.M., and left at INSIDE DELIVERY . The shipment was received by DOBBS as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328325774	1105 EARL FRYE BLVD AMORY	<i>Deno Hendon</i>

TPA1REH:000A0000



**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95139082	1
INVOICE DATE	
07/24/2018	

**Invoice**

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA		
4405706	07/23/2018	1017490	0001	50591	01122	UPS Ground		
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE		UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

1	1	101356801 G6313, L ALEXIS O C-SEC RET 5/BX			365.00	BOX	365.00
---	---	---	--	--	--------	-----	--------

NOTE	COMMENTS:	SALES AMOUNT	365.00
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	TERMS: Net 30	SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	365.00





ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328313376

According to our records 1 parcel was delivered on 07/26/18 at 11:08 A.M.. The shipment was received by MCNEESE.



**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95126017	1
INVOICE DATE	
07/17/2018	

**Invoice**

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
STORAGE  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	SHIP VIA	
4396383	07/16/2018	1017490	0001	50591	01504	UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE	UOM	NET PRICE

you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

2	2	101246101			270.00	BOX	540.00
		C0R47, 12x100 Kii BALLOON BLUNT TIP 6/BX					
1	1	101219101			270.00	BOX	270.00
		CTF73, 12x100 Kii Fios ZTHR 6/BX					

NOTE	COMMENTS:	SALES AMOUNT	810.00
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	TERMS: Net 30	SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	810.00



ATTN : CAMPBELL, IRIS  
PHONE : (949) 713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMDRY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328279682

According to our records 1 parcel was delivered on 07/19/18 at 11:44 A.M, and left at INSIDE DELIVERY . The shipment was received by DOBBS as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO./STREET,CITY)	SIGNATURE
A 46Y 10		1ZA 46Y 100328279682	1105 EARL FRYE BLVD AMDRY	<i>Deno Hendon</i>

TPA1REH:000A0000







ATTN : CAMPBELL, IRIS  
PHONE : (949) 713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM


DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328295217

According to our records 1 parcel was delivered on 07/24/18 at 1204 P.M, and left at DOCK. The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO./STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328295217	1105 EARL FRYE BLVD AMORY	

TPA1REH:000A0000



**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95097301	1
INVOICE DATE	
07/03/2018	

**Invoice** \_\_\_\_\_

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA	
4376370	07/03/2018	1017490	0001	50591	01373		UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE		UOM	NET PRICE

If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You

1	1	100864401			750.00	BOX	750.00
		CD001, 10mm RETRIEVAL SYSTEM, 10/BX					
3	3	101219301			270.00	BOX	810.00
		CTF33, 11x100 Kii Fios ZTHR 6/BX					
6	6	101208701			210.00	BOX	1,260.00
		CTS02, 5x100 Kii SLEEVE ZTHR 12/BX					

NOTE	COMMENTS:	SALES AMOUNT	2,820.00
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.	TERMS: Net 30	SHIPPING & HANDLING	0.00
		SALES TAX	0.00
		TOTAL \$	2,820.00





ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION


INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328232114

According to our records 1 parcel was delivered on 07/06/18 at 10:48 A.M., and left at INSIDE DELIVERY . The shipment was received by SMITH as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328232114	1105 EARL FRYE BLVD AMORY	

TPA1REH:000A0000



PLEASE REMIT TO:

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95101177	1
INVOICE DATE	
07/05/2018	

Invoice

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA	
4379292	07/05/2018	1017490	0001	50591	01393		UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE		UOM	NET PRICE
you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You								
5	5	101138401 CTF03, 5x100 Kii Fios Z-THR 6/BX			210.00		BOX	1,050.00
<b>NOTE</b> Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.		<b>COMMENTS:</b>          <b>TERMS:</b> Net 30			<b>SALES AMOUNT</b>		1,050.00	
					SHIPPING & HANDLING		0.00	
					SALES TAX		0.00	
				<b>TOTAL \$</b>		1,050.00		



ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328237717

According to our records **1** parcel was delivered on **07/09/18** at **11:05 A.M.**. The shipment was received by **DOBBS**.

TPA1REH:000A0000





**PLEASE REMIT TO:**

APPLIED MEDICAL  
PO BOX 3511  
CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95104882	1
INVOICE DATE	
07/06/2018	

Invoice

\*\*\* Re-Print \*\*\*

SOLD TO:

ATTN: ACCOUNTS PAYABLE  
ZZ\*\*Gilmore Memorial Hosp  
Bankruptcy  
1105 Earl Frye Blvd  
Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp  
1105 Earl Frye Blvd  
AMORY MS 38821-5500  
USA

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA	
4380617	07/05/2018	1017490	0001	50591	01407		UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITEM NO./DESCRIPTION			UNIT PRICE		UOM	NET PRICE
If you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or purchaseorders@appliedmedical.com. Thank You								
1	1	101219601			270.00		BOX	270.00
		CTB73, 12x100 Kii SH BLD ZTHR 6/BX						
1	1	101470688			270.00		BOX	270.00
		CTF71, Kii Fios 12X150MM Z-THREAD, 6BX						
NOTE		COMMENTS:			SALES AMOUNT		540.00	
Invoice not paid according to terms are subject to 2% per month service charge. All currency displayed in US Dollars.		TERMS: Net 30			SHIPPING & HANDLING		0.00	
					SALES TAX		0.00	
					TOTAL \$		540.00	



ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328241391

According to our records **1** parcel was delivered on **07/10/18** at **10:50 A.M.**. The shipment was received by **WRIGHT**.

TPA1REH:000A0000







ATTN : CAMPBELL, IRIS  
PHONE : (949)713-7269

## DELIVERY NOTIFICATION

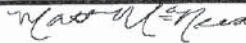
INQUIRY FROM: DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMORY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328246887

According to our records 1 parcel was delivered on 07/11/18 at 11:33 A.M., and left at INSIDE DELIVERY  
. The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328246887	1105 EARL FRYE BLVD AMORY	

TPA1REH:000A0000





ATTN : CAMPBELL, IRIS  
PHONE : (949) 713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM

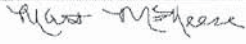
DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
AMDRY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328252914

According to our records 1 parcel was delivered on 07/12/18 at 11:17 A.M, and left at INSIDE DELIVERY  
. The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO./STREET,CITY)	SIGNATURE
A46Y10		1ZA46Y100328252914	1105 EARL FRYE BLVD AMDRY	

TPA1REH:000A0000







ATTN : CAMPBELL, IRIS  
PHONE : (949) 713-7269

## DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON  
APPLIED MEDICAL-AMSE  
9451 TOLEDO WAY  
IRVINE CA 92618

SHIPMENT TO: NON  
1105 EARL FRYE BLVD  
ANDRY MS 38821

Shipper Number.....A46Y10

Tracking Identification Number...1ZA46Y100328264367

According to our records 1 parcel was delivered on 07/16/18 at 10:57 A.M. The shipment was received by DOBBS.

TPA1REH:000A0000

# 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:* (6823797)

APPLIED MEDICAL

RESOURCES

APPLIED MEDICAL

29977 AVENIDA LAS

BANDERAS

RSM CA 92688

**Claim No:** 204

*Original Filed*

*Date:* 01/17/2019

*Original Entered*

*Date:* 01/17/2019

*Status:*

*Filed by:* CR

*Entered by:* Intake1

*Modified:*

Amount claimed: \$16610.00

*History:*

[Details](#)    [204-1](#)    01/17/2019 Claim #204 filed by APPLIED MEDICAL RESOURCES, Amount claimed: \$16610.00 (Intake1)

*Description:* (204-1) Good Sold

*Remarks:*

## Claims Register Summary

**Case Name:** Curae Health Inc.

**Case Number:** 3:18-bk-05665

**Chapter:** 11

**Date Filed:** 08/24/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$16610.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

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

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		