UNITED STATES BA	T OF TENNES		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: CURAE HEALT, IM.,	Chap	ter 11 No. 05665	ADMINISTRATIVE BAR DATE: January 21, 2019
Debtor. NOTE: This form should be used only by expense claim arising under 11 U.S.C. § for any other types of claim.	503(b)(9). This for	ng an administrative m should not be used	First II. Brief II.
Name of creditor: (The person or other entity to whom the debtor owed money or property.)	Name of debtor: (The entity owing Curae Health	g money or property)	JAN 172019
Fisher Sientitie	Amory Reg Inc. Batesville	ional Medical Center, Regional Medical	U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN
Co., LLC	Center, Inc. Clarksdale Center, Inc.	Regional Medical	
	☐ Batesville LLC	onal Physicians, LLC Regional Physicians, Regional Physicians,	
Name and addresses where notices should be sent: 300 Iwastry Dr. P. Hsbreg L, PA	Check box anyone else claim rela Attach cop particulars. Check box received a	if you are aware that has filed a proof of ting to your claim. y of statement giving if you have never ny notices from the	
15275	Check box from the ac	court in this case. if your address differs ddress on the envelope by the court.	THIS SPACE IS FOR COURT USE ONLY
Telephone number: 7245172372 Email: GARY . BARNES @ 1	Jeano s	sea clan	
Last four digits of account or other numerical creditor identifies debtor:	ber by which	Claim number (if know	f this claim amends a previously wn):
1. Basis for claim: Goods sold Services performed Other (describe briefly)		2. Date debt was incu	rred: - 8/24/18
3. Date goods were received by debto	r: 8/5/10	8/23	18
4. Total amount of claim as of the da	te the debt was in	curred:	- 23.687.39

	1
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: 8/6/18 - 8/24/8	cates
Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date: Shipment date of goods: Shipment date of goods: Shipment date of goods: Ship - to ow Each Attached Javoic & The Control of the Control of Goods:	
Method of delivery of goods:	
Name of carrier of goods:	
Name of carrier of goods: Value of goods: All pertinent Invoices Affached.	
Whather the value of goods listed in this claim relates to services and goods: 70005 /200	
the person and the person are of value related to goods: 100 15-0805	Maria
Whether claimant has filed any other claim against debtor relating to goods underlying this claim: 10, fee Attach supporting materials required by field 8 and instructions below.	Paris
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 Li Check this box it claimant	
deducted from the amount examines	
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.	And the second s
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.	

Print name: Face Man Company: Juleanno Address and telephone nu address above):	Jagen Scholing and Interest of the Communication of	Ec (Signature)	(Date) 1/15/2019
Telephone number:	Email:		The state of the s

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.

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.

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.

Case 3:18-bk-05665 Claim 211-1 Filed 01/17/19 Desc Main Document

Customer Number	Customer Name	Balance	Invoice Number	Purchase Order		A CONTRACTOR OF THE CONTRACTOR
036329	TRI-LAKES MEDICAL CENTER	456.23	4816812	00703		U82189577
036329	TRI-LAKES MEDICAL CENTER	230.64	5099525	00713	08/08/18	U82205365
036329	TRI-LAKES MEDICAL CENTER	184.80	5259296	00669	08/09/18	U82128136
036329	TRI-LAKES MEDICAL CENTER	141.44	5394255	00723		U82217899
036329	TRI-LAKES MEDICAL CENTER	1,543.83	5524563	00733		D82222651
036329	TRI-LAKES MEDICAL CENTER	24.80	5713497	00733		D82222651
036329	TRI-LAKES MEDICAL CENTER	376.93	5713509	00683	08/14/18	U82144043
036329	TRI-LAKES MEDICAL CENTER	38.32	6577241	00749		U82266179
036329	TRI-LAKES MEDICAL CENTER	577.58	7708842	00758		A82285301
036329	TRI-LAKES MEDICAL CENTER	4.72	8390412	00733	08/20/18	D82222651
036329	TRI-LAKES MEDICAL CENTER	191.64	8390416	00777	08/20/18	U82326801
036329	TRI-LAKES MEDICAL CENTER	110.36	9403295	00782	08/22/18	U82330514
036329	TRI-LAKES MEDICAL CENTER	1,021.73	9403296	00790	08/22/18	U82343113
450751	GILMORE MEM REGIONAL MED	134.93	4861488	01719	08/06/18	H82144439
450751	GILMORE MEM REGIONAL MED	272.94	4861489	01738	08/06/18	H82158023
450751	GILMORE MEM REGIONAL MED	1,425.79	5171877	01770	08/08/18	U82180756
450751	GILMORE MEM REGIONAL MED	46.46	5171878	01795	08/08/18	U82193609
450751	GILMORE MEM REGIONAL MED	22.04	5325606	01770	08/09/18	U82180756
450751	GILMORE MEM REGIONAL MED	277.00	5596901	01822		U82219006
450751	GILMORE MEM REGIONAL MED	225.80	8671776	01908	08/20/18	H82296532
450751	GILMORE MEM REGIONAL MED	4,280.16	9591929	01937	08/22/18	U82330956
600869	NORTHWEST MISSISSIPPI REC	57.37	5470471	7496782938		U82204356
600869	NORTHWEST MISSISSIPPI REC	4,294.16	5616451	7496785676	08/13/18	H82250348
600869	NORTHWEST MISSISSIPPI REC	3,766.14	5616453	7496783993	08/13/18	U82218167
600869	NORTHWEST MISSISSIPPI REG	1,991.25	6268659	7496785673	08/14/18	3 U82253912
600869	NORTHWEST MISSISSIPPI REG	483.48	6268663	7496786319		3 U82266021
600869	NORTHWEST MISSISSIPPI REC	32.21	6894626	7496783993		3 U82218167
600869	NORTHWEST MISSISSIPPI REG	867.29	6894632	7496787382	08/15/18	3 U82279591
600869	NORTHWEST MISSISSIPPI REC	65.81	7332069	7496785673	08/16/18	3 U82253912
600869	NORTHWEST MISSISSIPPI REC	25.50	8146581	7496765737		B D82283148
600869	NORTHWEST MISSISSIPPI REC	144.72	9227017	7496789977	08/21/18	8 U82339413
600869	NORTHWEST MISSISSIPPI REC	371.32	9630551	7496790327	08/22/18	8 U82330949

23,687.39

CMS 0363290001 Fisher HealthCare	REMIT TO: ACCT# 036329-001 P.O. BOX 404705	INQU	HOUSTON	(800) 640-0640 MPAQ CENTER WEST TX	FEIN :	-S-00-43 23-29427 NAL INVO	37 ICE
Part of Thermo Fisher Scientific	ATLANTA	A	77070		PLEASE RI	ON YOUR	THIS INVOICE REMITTANCE
USTOMER PURCHASE ORDER NUI	30384-4705 MRER - RELEASE NUMBER			INV DATE			
				08/06/2018		4816812	DUPLICATE
ORDER NO.	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING	ORDER ENTE	2018	PAGE 1	DOPLICATE
Ū82189577	030323 012	SHIP TO	2.	IN	VOICE TYPE:	NOR	FON CON
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTE 303 MEDICAL CENTER DR BATESVILLE MS 38606-86	R TRI	NDA COOK -LAKES ME MEDICAL	EDICAL CENT CENTER DR 4S 38606-8	DUE: TERMS:	09/05/2018 NET 30 DAY PAYABLE IN	THIS IS PARTIAL SHIPMENT S U.S. CU	
			Visit:	: www.fishersci.co		OF I	AMOUNT
DESCRIPTION		CATAL		QUANTITY SHIPPED	UNIT PRI	CE L	AHOUN
		NOTION					
CALLER-AMANDA COOK PHONE-662-712-2277			1				
SHIPMENT NBR: 001	FROM: SED ON 08	06/2018					
	D PART # 23-043-053			e by	71	.78	358.90
QUICKVUE 1-STEP HCG COMBO	50PK 23 0	043 053	*	5 PK	/1		
	201				ii.		67.22
FB TRNS PPT STD 7.7ML NS		711 7M		1 CS	97	.33	97.33
****	LOT 182:	30320				- 1	
						- 1	
							456.23
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,	OUR COMPANY DOES NO	T ACCEPT	CREDIT CAR	D NUMBERS VIA FAX	OR EMAIL		
(*) FOR YOUR REFERENCE,	AN ASTERISK HAS BEEN	PLACED OMER SERV	BY THOSE IT	EMS FOR WHICH MSI NTATIVE IF ADDITE	S(S) WILL CONAL INFOR		
TELL US ABOUT YOUR RI	CENT CUSTOMER SERVICENTER THE LINK INTO Y	E EXPERI	PHOR BY COL	DIETTING A SHORT S	STRVEY. TH	IS SHOU	LD TAKE NO LOI
http://survey.medall				1	1	- 1	
E-INVOICE @HTTPS://WWW	.E-SCICOM.COM/THERMO	FISHER/RE	GISIBA.ASI			1	
	1						
				1	1	- 1	
						- 1	
				1	1	1	
	1			Ì),5 EB	
	-					1	
				1	1	1	
							Dankar/kandanala d
See reverse side for co	mplete terms and cond	ditions o	r visit htt	p://www.fishersci.com/w	ps/portal/CMST	NDTETON	conter/Landcsale.1
See reverse side for contents of the second	SECT TO A FINANCE CHARACTER TO A FINANCE CHARACTER SHIPMENT SHOWN TO THIS EFFECT ON FAMILY CANNOT BE FILED.	CONSIGNO WING EVID ACE OF TR SELLER CE	RS RESPONS ENCE OF DAI ANSPORTATI RTIFIES TH	IBILITY CEASES UP MAGE OR SHORTAGE ON RECEIPT. WITH AT ALL GOODS (OR	ON DELIVERY UNTIL AGENT OUT THIS SERVICES) (ECTIONS 6.	OF OF COVERED 7, AND 1	
OF THE FAIR LABOR STANDAR	DS ACTS OF 1938, AS ACTS OF LABOR ISSUED UNDER BE ALLOWED FOR MERCH	R SECTION	1 14 THEREO	F.			T.

CMS 0363290001 Fisher HealthCare	REMIT TO: ACCT# 036329-0	01	JIRE AT: 11450 C HOUSTON	OMPAQ	640-0640 CENTER WEST	FEIN	N-S-00-4 I 23-294 SINAL IN	
Part of Thermo Fisher Scientific	P.O. BOX 40470 ATLANTA 30384-4705	GA	77070	17		PLEASE	REFER TO	O THIS INVOICE OR REMITTANCE
CUSTOMER PURCHASE ORDER NU	MBER - RELEASE NU	MBER			INV DATE			
00713	2				08/08/2018		50995	DUPLICATE
ORDER NO. U82205365	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING	POINT	ORDER ENTR 08/08/	Y DATE 2018	PAGE 1	R FON CON
SOLD TO:	<u></u>	SHIP 7	ro:		IN	VOICE TYP	E: NO	
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTE 303 MEDICAL CENTER DR BATESVILLE MS 38606-86	ER	AMANDA COOK TRI-LAKES M 303 MEDICAL BATESVILLE	CENTER DR		TERMS:	9/07/201 NET 30 D PAYABLE I	PARTI/ SHIPME 8 AYS	AL.
			Visit	: www.	fishersci.co	m		
DESCRIPTION		CATAI NUMB	80 15 15 15 15 15 15 15 15 15 15 15 15 15		UANTITY SHIPPED	UNIT P	RICE	AMOUNT
CALLER-AMANDA COOK PHONE-662-712-2277					Marine service in East Clinical			
SHIPMENT NBR: 001	FROM: SED ON	08/08/2018						
CLINTK THRML PRNTR PAPER5	D PART # 22-28653 RL/PK	22 286534		Ė	2 PK	1	.7.47	34.94
ORDERE SURE-VUE H. PYLORI 30/PK		35 23 900 535 HP8030029	*		1 PK	16	56.45	166.45
ORDERE DURAC. REFRIGERATOR/FREEZ	D PART # 13-201-9 ER TH	66 13 201 966	*		5 EA		5.85	29.25
							A	230.64
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,	OUR COMPANY DOES	NOT ACCEPT	CREDIT CAR	D NUM	BERS VIA FAX	OR EMAIL	nn pnoi	
(*) FOR YOUR REFERENCE, UNDER SEPARATE COVER	E. CONTACT YOUR CY	STOMER SERV	ICE REFERENCE	1				
TELL US ABOUT YOUR RETHAN THREE MINUTES. In http://survey.medalli	ENTER THE DINK INT	VICE EXPERI O YOUR BROW PASSCODE: U	DEK MAD DAY	PLETI ER TH	NG A SHORT SU E PASSCODE SE	RVEY. T	HIS SHOU	LD TAKE NO LON
E-INVOICE @HTTPS://WWW	.E-SCICOM.COM/THE	MOFISHER/RE	GISTER.ASP					
See reverse side for com		3.00						*

AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CRASES OF A DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

			TATO	TITDE AM					
CMS 0363290001	REMIT TO:		INQ	UIRE AT: 11450 (640-0640 CENTER WEST		-N-S-00- N 23-294	432-1519 2737
(f) Fisher HealthCare	ACCT# 036329-0 P.O. BOX 40470			HOUSTON		CENTER WEST	ORIO	GINAL IN	VOICE
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA		77070					O THIS INVOICE UR REMITTANCE
CUSTOMER PURCHASE ORDER NU		UMBER				INV DATE	VI V		
00669						08/09/2018		52592	·
ORDER NO. U82128136	ACCOUNT NO. 036329-001		CSO CHU	F.O.B SHIPPING	POINT	ORDER ENTR	Y DATE 2018	PAGE 1	DUPLICATE
SOLD TO:			SHIP T	ro:		IN	VOICE TYP		nin sing
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTE 303 MEDICAL CENTER DR BATESVILLE MS 38606-86		TRI-I 303 M	EDICAL	EDICAL CEN CENTER DR MS 38606-	8608	TERMS:	09/08/201 NET 30 D PAYABLE I	AYS	AL ENT
DESCRIPTION	1		CATAL			UANTITY	UNIT P	RICE	AMOUNT
DEGUATETION			NUMB	1011111		SHIPPED			
	OUR COMPANY DOES CENT CUSTOMER SERVICER THE LINK INT. a.com/fishersci	NOT I	ACCEPT EXPERIE BROWS ODE: US	ENCE BY COM SER AND ENT SA-PGH-CS2	PLETIN	NG A SHORT SU	OR EMAIL	HIS SHOU	150.80 34.00 184.80 LD TAKE NO LONGE
2017 - 100									
See reverse side for comp	lete terms and c	onditi	ons or	visit http	://www.f	ishersci.com/wps/	/portal/CMST	ATIC?href	Footer/tandcsale.isp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

			OUT DE AM					
CMS 0363290001	REMIT TO:		QUIRE AT: 11450 (640-0640 CENTER WEST		-N-S-00- N 23-294	
(F) Fisher HealthCare	ACCT# 036329-0 P.O. BOX 40470	5	HOUSTON			ORI	GINAL IN	VOICE
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070					O THIS INVOICE JR REMITTANCE
CUSTOMER PURCHASE ORDER NUM		MBER			INV DATE			
00723					08/10/2018		53942	DUPLICATE
ORDER NO. U82217899	ACCOUNT NO. 036329-001	CSO CHU	F.O.B SHIPPING	POINT	ORDER ENTE 08/09/	2018	PAGE 1	
SOLD TO:		SHIP	TO:		IN	VOICE TY	PE: NO	
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-860		303 MEDICA	MEDICAL CEN L CENTER DR MS 38606-	8608	TERMS:	09/09/201 NET 30 D PAYABLE I	PARTI/ SHIPME	AL LINT
DUCCE T PATON	T	CATA			UANTITY	UNIT I	PRICE	AMOUNT
DESCRIPTION		NUM		1 0	SHIPPED			
	LOT OUR COMPANY DOES ON ASTERISK HAS E CONTACT YOUR CU CENT CUSTOMER SER TER THE LINK INT. L. COM/fishersci	22 045 962 476891 NOT ACCEPT EEN PLACED STOMER SERV VICE EXPERT O YOUR BROUPASSCODE: U	CREDIT CAN BY THOSE IT VICE REPRESI LENCE BY CON WSER AND ENV USA-PGH-CS2	rems for entation mpletion rer tho	OR WHICH MSDS VE IF ADDITIONS NG A SHORT SU	OR EMAIL (S) WILL NAL INFO	BE PROV RMATION	
						1		1

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

CMS 0363290001. Fisher HealthCare	REMIT TO: ACCT# 036329-	001	UIRE AT: 11450 C HOUSTON	OMPAQ	640-0640 CENTER WEST	FEIN	N-S-00-4 1 23-2942 INAL INV	737
Part of Thermo Fisher Scientific	P.O. BOX 4047 ATLANTA 30384-4705	GA GA	77070	1.0		PLEASE	REFER TO	THIS INVOICE R REMITTANCE
CUSTOMER PURCHASE ORDER NUM	BER - RELEASE N	UMBER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		INV DATE		552456	2
00733	7 GGOLINE NO	CSO	F.O.B		08/13/2018 ORDER ENTR	Y DATE	PAGE	DUPLICATE
ORDER NO. D82222651	ACCOUNT NO. 036329-001	CHU	SHIPPING	POINT	08/10/		1 NOT	FON CON
SOLD TO:	AND THE STATE OF T	SHIP	TO:		IN	OICE TYP	THIS IS	3 A 🗔
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-860		REQUEST DEF TRI-LAKES N 303 MEDICAL BATESVILLE	EDICAL CENT , CENTER DR MS 38606-8	3608	TERMS:	9/12/201: NET 30 D. PAYABLE II	AYS	VT
			Visit		fishersci.com		n T CID	AMOUNT
DESCRIPTION		CATA NUME	The state of the s	927	UANTITY SHIPPED	UNIT P	KIUE	APIOUN1
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 001	FROM: SED ON	08/13/2018						
SURE-VUE COLR STAPH150T150	PKRX	23 046 500 KM02001	*X		1 PK	7	0.01	70.01
TRYPT SOY AGR W/5 BLD 100P	K	B21261X 8179533			2 PK	1	7.81	35.62
SHIPMENT NBR: 002	FROM: SED ON	08/13/2018					1	60 - 0.500 Walte
SOFIA FLU AB TEST KIT 25TS	T/PK LOT	23 043 070 704046	*		4 PK	35	50.00	1,400.00
0.5ML K2EDTA MINI COL C/PK	RX	22 040 200 180401			1 PK		26.20	26.20
MERCHANDISE SUBTOTAL LEVEL I INTEGRITY PACKIN	G FEE							1,531.83 12.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,								1,543.83
(*) FOR YOUR REFERENCE, A UNDER SEPARATE COVER	AN ASTERISK HAS CONTACT YOUR C	BEEN PLACED CUSTOMER SERV	BY THOSE I'	rems f Entati	OR WHICH MSDS VE IF ADDITIO	(S) WILL NAL INFO	BE PROV	IDED NEEDED.
(X) THERE IS A ONE TIME I	LEVEL I FEE OF	12.00 ADDE	TO THIS O	RDER.				
TELL US ABOUT YOUR RECTHAN THREE MINUTES. El http://survey.medalli:	TER THE LINK IN a.com/fishersci	PASSCODE:	JSA-PGH-CS2		NG A SHORT SU IE PASSCODE SI	RVEY. T	HIS SHOU	LD TAKE NO LON
E-INVOICE @HTTPS://WWW.	3-SCICOM.COM/THI	ERMOFISHER/R	EGISTER.ASP	x				
		1				1		

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CHASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

O363290001 Fisher HealthCare	REMIT TO: ACCT# 036329-001	INQ	UIRE AT: 11450 C HOUSTON	OMPAQ	640-0640 CENTER WEST	FEIN	1 23-2942 SINAL IN	VOICE
Part of Thermo Fisher Scientific	P.O. BOX 404705 ATLANTA 30384-4705	A	77070	***		PLEASE	REFER TO	THIS INVOICE
CUSTOMER PURCHASE ORDER NUM		!			INV DATE			
					08/14/2018		57134	Y
ORDER NO. D82222651	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING	POINT	ORDER ENTR	Y DATE 2018	PAGE 1	DUPLICATE
SOLD TO:		SHIP '	TO:		INV	OICE TYP	E: NO	
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-860	R TRI	-LAKES M MEDICAL	T LOC736 EDICAL CENT CENTER DR MS 38606-8		TERMS:		PARTIA SHIPME 8 AYS	L 4
			Visit	: www.	fishersci.com	n		
DESCRIPTION		CATA			UANTITY	UNIT P	RICE	AMOUNT
DINOTEL 2 2 011		NUME	BER		SHIPPED			
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 003 RML SPECTRA MRSA M-PLATE 1		13/2018	*		1 PK	2	24.80	24.80
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, (*) FOR YOUR REFERENCE, A UNDER SEPARATE COVER. TELL US ABOUT YOUR REC THAN THREE MINUTES. EN http://survey.medallia E-INVOICE @HTTPS://WWW.I	ON ASTERISK HAS BEEN CONTACT YOUR CUSTON CUSTOMER SERVICE THE LINK INTO YOUR COM/fishersci PAS:	PLACED MER SERV E EXPERI OUR BROW SCODE: U	BY THOSE I'I ICE REPRESE ENCE BY COM SER AND ENT SA-PGH-CS2	EMS FONTATIV	OR WHICH MSDS VE IF ADDITIO NG A SHORT SU	(S) WILL NAL INFO		

GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

			TNOU	IRE AT:					
CMS 0363290001	REMIT TO: ACCT# 036329-		INQC	11450 C	OMPAQ) 640-0640 CENTER WEST	FEI	N-S-00-4	2737
Fisher HealthCare Part of Thermo Fisher Scientific	P.O. BOX 4047 ATLANTA			HOUSTON 77070	XT			REFER TO	THIS INVOICE
	30384-4705					INV DATE	NUMBE	R ON YOU	R REMITTANCE
CUSTOMER PURCHASE ORDER N	UMBER - RELEASE N	NOMBER			08/14/2018		57135	09	
ORDER NO.	ACCOUNT NO.	CSO F.O.B. CHU SHIPPING POINT			ORDER ENTE	Y DATE	PAGE	DUPLICATE	
U82144043	036329-001		CHU	SHIPPING	POINT			DE. NO	R FON CON
SOLD TO:		S	HIP T	0:		IN	VOICE TYP	THIS I	S A
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENT	rep	AMANDA TRI-LAK		DICAL CENT	TER			PARTIA SHIPME	
303 MEDICAL CENTER DR		303 MED	CAL	CENTER DR 1S 38606-8		DUE: (09/13/201	8	
BATESVILLE MS 38606-8	3608	DALBOVA		•			NET 30 D		URRENCY.
				Visit	: www	.fishersci.co			
DESCRIPTION	N		CATAL NUMBE			QUANTITY SHIPPED	UNIT P	RICE	AMOUNT
CALLER-AMANDA COOK	·		NONDE						
PHONE-662-712-2277	Į.							1	
SHIPMENT NBR: 002	FROM: VND ON	08/07/2	2018						
	ED PART # NC972869	8	0.0	*		2 EA	15	1.98	303.96
DIPPER URINE DIPSTICK CO	NTROL LOT	NC972869	98						
VN00060908 144 QUANTIMETRIX CORPOR	0-01 ATION								
(1967년 전 148) 2012년 전 12일 (1964년 - 1974년 - 197								1	
MERCHANDISE SUBTOTAL									303.96
SHIPPING	TIADCEC								57.97 15.00
DIRECT SHIP HANDLING C									376.93
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION	, OUR COMPANY DOE	S NOT AC	CEPT	CREDIT CAR	D NUM	BERS VIA FAX	DR EMAIL		
(*) FOR YOUR REFERENCE, UNDER SEPARATE COVE	AN ASTERISK HAS R. CONTACT YOUR C	BEEN PLA USTOMER	CED E	Y THOSE IT	EMS F	OR WHICH MSDS	(S) WILL NAL INFO	BE PROV RMATION	IDED NEEDED.
TELL US ABOUT YOUR R THAN THREE MINUTES. http://survey.medall	ENTER THE LINK IN	TO YOUR	BROMS	SER AND EN	PLETI PER TH	NG A SHORT ST HE PASSCODE SI	JRVEY. T HOWN.	HIS SHOU	LD TAKE NO LONG
E-INVOICE @HTTPS://WWW		1			K				
n 11110101 31111111111		1							
									€'
		1					1		
See reverse side for co			20.00	wigit bee	- / /www	fishersci com/wos	S/portal/CMS	TATIC?href=	Footer/tandcsale.is
The second second	TROP TO A RINANCE	CHAPCE	THIS	SHIPMENT	WAS DI	ELIVERED IN P	ERFECT CO	NOTITION	
PAST DUE BALANCES ARE SUB- AND SIGNED FOR BY THE TRAI- GOODS TO CARRIER. DO NOT CARRIER ENDORSES NOTATION DOCUMENTARY EVIDENCE CLAIL BY THIS INVOICE WERE PRODI OF THE FAIR LABOR STANDAR! UNITED STATES DEPARTMENT	NSPORTATION COMPAN ACCEPT SHIPMENT S TO THIS EFFECT OF M CANNOT BE FILED UCED IN COMPLIANCE DS ACTS OF 1938	SHOWING IN FACE OF SELLER WITH AN	EVIDE F TRA R CER LL AP ED, A	NCE OF DAN NSPORTATIO TIFIES THA PLICABLE R ND OF THE	AGE OI N REC T ALL EQUIR REGUL	R SHORTAGE UN EIPT. WITHOU GOODS (OR SE EMENTS OF SEC	TIL AGENT THIS RVICES) (TIONS 6,	OF COVERED 7, AND 1:	2

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

		7.170	77 D.D. A.D.				
CMS 0363290001	REMIT TO:		JIRE AT: (800 11450 COMPAQ) 640-0640 CENTER WEST		-S-00-4 23-2942	
(F) Fisher HealthCare	ACCT# 036329-00 P.O. BOX 404705	5	HOUSTON TX			NAL INV	
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070				THIS INVOICE REMITTANCE
CUSTOMER PURCHASE ORDER NUM	BER - RELEASE NUM	IBER		INV DATE			
00749				08/15/2018 ORDER ENTR	17 12 N M12	657724 PAGE	DUPLICATE
ORDER NO. U82266179	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	08/14/	2018	1	FON CON
SOLD TO:		SHIP 7	·O:	IN	VOICE TYPE	: NOR	
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE MS 38606-860	i	303 MEDICAL	MS 38606-8608	TERMS:	9/14/2018 NET 30 DAY PAYABLE IN	PARTIAL SHIPMEN	ir L3
				.fishersci.com	UNIT PR	CE	AMOUNT
DESCRIPTION		CATAI NUMB		SHIPPED	0.172.1		
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 001	FROM: SED ON	08/15/2018					
ORDERED MCRTN LTH HP MCRGD CL 50/P		3 680 62 06665N		1 PK	19	.60	19.60
ORDERED SF LANCET 2.2MM NDL ORG 10		1 2 000 101 OB		3 PK	6	.24	18.72
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, TELL US ABOUT YOUR REC THAN THREE MINUTES. EN http://survey.medallia E-INVOICE @HTTPS://WWW.E	ENT CUSTOMER SERV TER THE LINK INTO .com/fishersci P	VICE EXPERIE YOUR BROWS PASSCODE: US	ENCE BY COMPLETI BER AND ENTER TH BA-PGH-CS2	NG A SHORT SU	RVEY. THI	S SHOUL	38.32
See reverse side for comp	lete terms and so	nditions or	visit http://www	fishersci.com/wos	/portal/CMSTA	TIC?href=F	ooter/tandcsale.isp
See reverse side for comp.	rece terms and co	THE SHOT OF	SHIPMENT WAS DI	STILLDED IN D	PREPARA COM	DITTON	

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

© Fisher HealthCare	REMIT TO: ACCT# 036329-0 P.O. BOX 40470	001	11450 COMPAQ HOUSTON TX	640-0640 CENTER WEST	D-U-N-S-00-4 FEIN 23-2942 ORIGINAL INV	737 OICE
Part of Thermo Fisher Sciantific	ATLANTA 30384-4705	GA	77070		PLEASE REFER TO NUMBER ON YOU	THIS INVOICE
CUSTOMER PURCHASE ORDER NU		MBER		INV DATE	None Day of Too	
00758				08/17/2018	770884	2
ORDER NO. A82285301	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTR 08/16/	2018 1	DUPLICATE
SOLD TO:		SHIP T	`O:	IN	VOICE TYPE: NO	R FON CON
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTE 303 MEDICAL CENTER DR BATESVILLE MS 38606-86		303 MEDICAL	BDICAL CENTER CENTER DR MS 38606-8608	TERMS:	THIS II PARTIA SHIPME 09/16/2018 NET 30 DAYS PAYABLE IN U.S. C	NT L
	т	CATAT		UANTITY	UNIT PRICE	AMOUNT
DESCRIPTION		CATAL NUMB		SHIPPED		
CALLER-RYAN OVERALL PHONE-662-712-2277 SHIPMENT NBR: 001	FROM: SED ON:	08/17/2018 22 601 002		2 PK	188.70	377.40
CUVETTES HB 201 100/PK		1806328		-		
COAGUCHEK XS STRIPS 2X24/		22 045 961 30497311		1 PK	200,18	200.18
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,	OUR COMPANY DOES	NOT ACCEPT	CREDIT CARD NUMB	BERS VIA FAX	OR EMAIL	577.58
TELL US ABOUT YOUR RE THAN THREE MINUTES. E http://survey.medalli	NTER THE LINK INT a.com/fishersci	PASSCODE: US	SA-PGH-CS2	NG A SHORT SU		D TAKE NO LONGI

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

_CMS 0363290001	REMIT TO:	INQU		0) 640-0640	D-U-N-S- FEIN 23-	00-432-1519		
Fisher HealthCare	ACCT# 036329-0 P.O. BOX 40470		11450 COMPA HOUSTON TX 77070	Q CENTER WEST	ORIGINAL	INVOICE		
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070		PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE			
CUSTOMER PURCHASE ORDER NU	MBER - RELEASE NU	MBER		INV DATE		.00410		
00733			7.07	08/20/2018 ORDER ENTE		GE DUPLICATE		
ORDER NO. D82222651	ACCOUNT NO. 036329-001	CSO CHU	F.O.B. SHIPPING POIN	T 08/10/	/2018	NOR FON CON		
SOLD TO:		SHIP 7	CO:	IN	VOICE TYPE:	HIS IS A		
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENTE 303 MEDICAL CENTER DR BATESVILLE MS 38606-86	aness'	303 MEDICAL	EDICAL CENTER	TERMS:		ARTIAL HIPMENT		
			Visit: ww	w.fishersci.co	om			
DESCRIPTION		CATAI NUMB		QUANTITY SHIPPED	UNIT PRICE	AMOUNT		
		MUND	DR .					
CALLER-AMANDA COOK PHONE-662-712-2277						1		
SHIPMENT NBR: 004	FROM: SED ON	08/20/2018						
MOD THYR MARTN MTM AG 20/1	. 17 1717	B21567X 8208559		1 PK	4.72	4.72		
						4.72		
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,								
TELL US ABOUT YOUR RETHAN THREE MINUTES. Enttp://survey.medalli	NTER THE LINK INT	VICE EXPERIE O YOUR BROWS PASSCODE: US	DEK WIND CHILDY T	ING A SHORT SU HE PASSCODE SI		SHOULD TAKE NO LONG		
E-INVOICE @HTTPS://WWW.	E-SCICOM.COM/THER	MOFISHER/REC	GISTER.ASPX			2		
					*			
				: +				
						t		
						*		
					=1			
See reverse side for comp			wieit ben //	w fishersci com/who	s/portal/CMSTATIC?	href=Footer/tandcsale.is		
See reverse side for comp PAST DUE BALANCES ARE SUBJE	CT TO A PINANCE (CHARGE, THIS	SHIPMENT WAS	DELIVERED IN P	PERFECT CONDIT	ION		

AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

		TMO	OUIRE AT:					120 1510
CMS 0363290001	REMIT TO: ACCT# 036329-0				CENTER WEST	FEI	N-S-00-4 N 23-2942	2737
(F) Fisher HealthCare	P.O. BOX 40470	05	HOUSTON		Í	ORIGINAL INVOICE PLEASE REFER TO THIS INV		
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070			NUMBE	R ON YOU	R REMITTANCE
CUSTOMER PURCHASE ORDER N	TUMBER - RELEASE NU	JMBER	112.00		INV DATE			
00777					08/20/2018 ORDER ENTE	V DATE	83904 PAGE	DUPLICATE
ORDER NO. U82326801	ACCOUNT NO. 036329-001	CSO	F.O.B SHIPPING	POINT	08/20/	2018	1	DOZ 22 01.13
SOLD TO:		SHIP	TO:		IN	VOICE TY	PE: NO	
ACCOUNTS PAYABLE		AMANDA COOF					PARTIA	AL.
TRI-LAKES MEDICAL CEN' 303 MEDICAL CENTER DR		TRI-LAKES N 303 MEDICAL	MEDICAL CENT CENTER DR	rer		2 5 - 5	9	
BATESVILLE MS 38606-		BATESVILLE	MS 38606-	3608		09/19/201 NET 30 I		
					100000000000000000000000000000000000000	PAYABLE I	N U.S. C	URRENCY.
			*** - 1 -		.fishersci.co	am.		
		CATA			. FISHERSCI.CC	UNIT I	PRICE	AMOUNT
DESCRIPTIO	N	NUM			SHIPPED			
CALLER-AMANDA COOK								
PHONE-662-712-2277		1					1	
SHIPMENT NBR: 001	FROM: SED ON:	08/20/2018						
	ED PART # 06-662-4	05 550 4			2 EA	1	25.10	50.20
TIME TEMPERATURE WITH ME	MORYT	06 662 4						
ORDER ACCUCHK INFORM II STR 50	ED PART # 22-045-9	62 22 045 962	*		8 EA		17.68	141.44
ACCOCHA INFORM 11 51K 50	LOT	476894						
							- 1	191.64
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION	J OHR COMPANY DOE	S NOT ACCEPT	CREDIT CAL	NUM CS	BERS VIA FAX	OR EMAIL)
		A STATE OF THE PARTY OF THE PAR	mir miroon To	POMO TO	OR WHICH MSD	S(S) WILL	BE PROV	IDED NEEDED.
UNDER SEPARATE COVI	R. CONTACT YOUR C	OSTONER SEK	ATOM HOLIMAN			1		
TELL US ABOUT YOUR I THAN THREE MINUTES. http://survey.medal	ENTER THE LINK IN	TO YOUR BROW PASSCODE: U	ASEK WAS THE		ING A SHORT ST	HOWN.	HIS SHOU	ED TAKE NO LONGE
12 N N N N N N N N N N N N N N N N N N N								
E-INVOICE @HTTPS://WW	W.E-SCICOM.COM/THE	HMOFISHER/R	501.5121.7161					
				1				
						1		
						1		
								· ·
								1
						1		
		1						
		1,	and address to		fishareal com/un	S/portal/CM	STATIC?href	=Footer/tandcsale.isp
See reverse side for co	me a menual	GUADGE THI	C CHIPMENT	WAS D	ELIVERED IN E	ERFECT	ONDITION	
PAST DUE BALANCES ARE SUE AND SIGNED FOR BY THE TRA GOODS TO CARRIER. DO NOT CARRIER ENDORSES NOTATION DOCUMENTARY EVIDENCE CLAI BY THIS INVOICE WERE PROD OF THE FAIR LABOR STANDAF UNITED STATES DEPARTMENT	ACCEPT SHIPMENT STATEMENT STATEMENT STATEMENT STATEMENT SEFFECT OF M CANNOT BE FILED DUCED IN COMPLIANCE OF 1938	SHOWING EVID N FACE OF TR SELLER CE E WITH ALL A AS AMENDED.	DENCE OF DAM RANSPORTATION ERTIFIES THA APPLICABLE I AND OF THE	MAGE OON REC AT ALL REQUIR REGUL	R SHORTAGE UI EIPT. WITHOU GOODS (OR SI	NTIL AGEN UT THIS ERVICES) CTIONS 6.	T OF COVERED 7, AND 1	

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

	PARTE NO	TNO	QUIRE AT:	7.7.7.2		N C 00 4	32-1519
CMS 0363290001	REMIT TO:	A Market	Carrier and the carrier and th	(800) 640-064 MPAQ CENTER V		N-S-00-4	
(F) Fisher HealthCare	ACCT# 036329- P.O. BOX 4047		HOUSTON		ORIG	INAL INV	OICE
Part of Thermo Fisher Scientific	ATLANTA	GA	77070		PLEASE	REFER TO	THIS INVOICE R REMITTANCE
A CONTRACTOR	30384-4705	TIMBED		INV DA		K 011 100	
CUSTOMER PURCHASE ORDER NU	JMBEK - KELLEASE N	OFIBBR		08/22/	2018	940329	95
00782	ACCOUNT NO.	CSO	F.O.B.	ORDER	ENTRY DATE	PAGE	DUPLICATE
ORDER NO. U82330514	036329-001	CHU	SHIPPING	POINT	8/21/2018		
SOLD TO:		SHIP	TO:		INVOICE TYP		-
ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENT 303 MEDICAL CENTER DR BATESVILLE MS 38606-8		303 MEDICAL	MEDICAL CENT L CENTER DR MS 38606-8	608 D	UE: 09/21/201: MS: NET 30 DA PAYABLE II	AYS	L 1
	AND ALL OF WHITE AND ADDRESS OF THE PARTY OF		Visit	: www.fishers			2 VOT2777
DESCRIPTION	I	CATA		QUANTITY SHIPPED	UNIT P	RICE	TMUOMA
		NUME	BER	SHILL			
CALLER-AMANDA COOK PHONE-662-712-2277							
SHIPMENT NBR: 001	FROM: SED ON	08/22/2018					
ORDER	ED PART # B21169X			2 1	ok .	3.67	7.34
CHOC 2 AGAR 20/PK	LOT	B21169X 8179516		2 1			
4					I.		
ORDER! MACCONKEY AGAR II 100/PK	ED PART # B21270X LOT	B21270X 8201725		2	PK 1	.7.81	35.62
ORDER	ED PART # L21352 LOT	L21352 8193841		2	PK	4.72	9.44
SHIPMENT NBR: 002	FROM: VND ON	08/21/2018	3				
ORDER TODD HEWTT BRTH W/COLIST	ED PART # R064812 N 20PK	R064812	*	3	PK :	19.32	57.96
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION	, OUR COMPANY DOE	ES NOT ACCEPT	T CREDIT CAF	O NUMBERS VI	FAX OR EMAIL		110.36
(*) FOR YOUR REFERENCE, UNDER SEPARATE COVE		A CONTRACTOR OF THE PARTY OF TH	no muono To	THE POR WHICH	Mene (s) WILL	BE PROV	IDED NEEDED.
TELL US ABOUT YOUR R THAN THREE MINUTES. http://survey.medall	ECENT CUSTOMER SE	ERVICE EXPER	IENCE BY CON	PLETING A SHO	RT SURVEY. T	HIS SHOU	LD TAKE NO LONGI
E-INVOICE @HTTPS://WWW	.E-SCICOM.COM/TH	ERMOFISHER/R	EGISTER.ASP	<			
See reverse side for con							Feeter/tandeesla isn
		2111	and and make the same	. //www fishersei	com/wps/portal/CMS	TATIC?hret:	FOOLE: / Carrocaste - Lag

CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT INIS
DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED
BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12
OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE
UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

		TNO	TIDE AT.					120 1510
CMS 0363290001 Fisher HealthCare	REMIT TO: ACCT# 036329-0	001		OMPAQ	640-0640 CENTER WEST	FEIN	N-S-00-4 1 23-2942 SINAL IN	2737
Part of Thermo Fisher Scientific	P.O. BOX 40470 ATLANTA 30384-4705	GA	HOUSTON 77070	TX		PLEASE	REFER TO	THIS INVOICE R REMITTANCE
CUSTOMER PURCHASE ORDER N	UMBER - RELEASE NU	JMBER			INV DATE 08/22/2018		94032	96
00790 ORDER NO. U82343113	ACCOUNT NO. 036329-001	CSO CHU	F.O.B.	POINT	ORDER ENTR 08/22/		PAGE 1	DUPLICATE
		SHIP 7	ro:		IN	VOICE TYP	E: NO	R FON CON
SOLD TO: ACCOUNTS PAYABLE TRI-LAKES MEDICAL CENT 303 MEDICAL CENTER DR BATESVILLE MS 38606-8		AMANDA COOK TRI-LAKES M 303 MEDICAL BATESVILLE	EDICAL CENT CENTER DR MS 38606-8	3608	TERMS:	9/21/201 NET 30 D. PAYABLE I	AYS	NT
					.fishersci.com	M UNIT P	DICE	AMOUNT
DESCRIPTION	N	CATAI NUMB			QUANTITY SHIPPED	ONILE	1(1 (1)	
CALLER-AMANDA COOK PHONE-662-712-2277 SHIPMENT NBR: 001	FROM: SED ON	08/22/2018						
ORDER ACCUCHK INFORM II STR 50	ED PART # 22-045-9 /BA RX LOT	62 22 045 962 476578	*		6 EA	1	.7.68	106.08
ORDER CUVETTES HB 201 100/PK	ED PART # 22-601-0	02 22 601 002 1806328			2 PK	18	38.70	377.40
ORDER BINAX NOW RSV TEST KIT 2	ED PART # BNX4301: 2PK RX LOT	2 BNX430122 096624	*		2 PK	18	85.90	371.80
ORDER SURE-VUE H. PYLORI 30/PK	ED PART # 23-900-	35 23 900 535 HP8030029	*		1 PK	1	66.45	166.45
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION	, our company doe	S NOT ACCEPT	CREDIT CAR	NUM CS	MBERS VIA FAX	DR EMAIL	DE DEOL	1,021.73
(*) FOR YOUR REFERENCE, UNDER SEPARATE COVE	AN ASTERISK HAS ER. CONTACT YOUR C	BEEN PLACED USTOMER SERV	ICE REPRES	ENTATI	VE IF ADDITION	NAL INFO	RMATION	NEEDED.
TELL US ABOUT YOUR FITTHAN THREE MINUTES. http://survey.medall	RECENT CUSTOMER SE ENTER THE LINK IN lia.com/fishersci	VICE EXPERI TO YOUR BROW PASSCODE: U	ENCE BY CON ISER AND EN' ISA-PGH-CS2	MPLETI TER TI	ING A SHORT ST	RVEY. T	HIS SHOU	LD TAKE NO LONG
E-INVOICE @HTTPS://WWW	W.E-SCICOM.COM/THE	ERMOFISHER/RE	GISTER.ASP.	X				
See reverse side for co	mplete terms and	conditions of	r visit <u>httr</u>	://www	fishersci.com/wps	/portal/CMS	TATIC?href	=Footer/tandcsale.isp
PAST DUE BALANCES ARE SUB- AND SIGNED FOR BY THE TRA- GOODS TO CARRIER. DO NOT CARRIER ENDORSES NOTATION DOCUMENTARY EVIDENCE CLAI BY THIS INVOICE WERE PROD OF THE FAIR LABOR STANDAR UNITED STATES DEPARTMENT	JECT TO A FINANCE NSPORTATION COMPANACCEPT SHIPMENT S TO THIS EFFECT OF M CANNOT BE FILED UCED IN COMPLIANCE DES ACTS OF 1938	CHARGE. THIS NY. CONSIGNOS SHOWING EVIDS N FACE OF TRA . SELLER CES E WITH ALL AS AS AMENDED.	S SHIPMENT RS RESPONSI ENCE OF DAM ANSPORTATIO RTIFIES THA PPLICABLE F AND OF THE	WAS D BILIT NAGE O ON REC T ALL REQUIR REGUL	ELIVERED IN P Y CEASES UPON R SHORTAGE UN EIPT. WITHOU GOODS (OR SE	DELIVERY TIL AGEN T THIS RVICES)	Y OF T OF COVERED 7, AND 1	

Case 3:18-bk-05665 Claim 211-1 Filed 01/17/19 Desc Main Document Page 17 of

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION. THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME

PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

Fisher HealthCare	REMIT TO: ACCT# 450751- P.O. BOX 4047	001 05	INQU	HOUSTON	COMPAQ	640-0640 CENTER WEST	FE OR	U-N-S-00- IN 23-294 IGINAL IN	2737 VOICE
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA		77070			PLEAS	E REFER T	O THIS INVOICE UR REMITTANCE
CUSTOMER PURCHASE ORDER N		UMBER				INV DATE	225000000		
01719						08/06/2018		4861,4	7
ORDER NO. H82144439	ACCOUNT NO. 450751-001	(CSO CHU	F.O.B SHIPPING	POINT	ORDER ENTR 08/02/	Y DATE 2018	PAGE 1	DUPLICATE
SOLD TO:		S	SHIP T	0:		IN	VOICE T	IPE;	OR FON CON
ACCOUNTS PAYABLE GILMORE MEM REGIONAL CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500	MED	GILMORI 1105 EA	E MEM ARL FR	LOC 701 HOSPITAL YYE BLVD 821-5500		TERMS:	PAYABLE		AL LAIN
			CAMAI			UANTITY		PRICE	AMOUNT
DESCRIPTIO	N		CATAL NUMBE			SHIPPED			
CALLER-VALUE CUSTOMER PHONE-662-256-6218 SHIPMENT NBR: 001 AIMTAB KETONE TABLETS 10	FROM: SED ON	08/06/		*		2 PK		55.85	111.70
	LOT	81731	T.	IST		65.70	-	15.0%	
			ь	151		8793 DWW		23.23	23.23
CLTSWB STUART LIQ SGL 50)/PK LOT	B432009 1802692	299	IST		1 PK 78.23	(*)	70.3%	
TOTAL INVOICE AMOUNT- FOR YOUR PROTECTION (*) FOR YOUR REFERENCE, UNDER SEPARATE COVE	, AN ASTERISK HAS : ER. CONTACT YOUR C	BEEN PLA	ACED B	Y THOSE I'CE REPRES	TEMS FOR ENTATION OF THE PROPERTY OF THE PROPE	OR WHICH MSDS VE IF ADDITIC NG A SHORT SU	S(S) WII NAL INF DRVEY.	L BE PROV	ENGLANCE I
THAN THREE MINUTES. http://survey.medal	ENTER THE LINK IN lia.com/fishersci	PASSCOI	DE: US	A-PGH-CS2	1314	B PASSCODE ST	Jan.		
E-INVOICE @HTTPS://WW								,	

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CRASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

CMS 4507510001	REMIT TO: ACCT# 450751-001	INQ		QAGMC	640-0640 CENTER WEST	FEI	N-S-00-4 N 23-2942	737
Fisher HealthCare Part of Thermo Fisher Scientific	P.O. BOX 404705	GΑ	HOUSTON 77070	TX		PLEASE	REFER TO	THIS INVOICE R REMITTANCE
CUSTOMER PURCHASE ORDER NU		2			INV DATE			
01738					08/06/2018		486148	
ORDER NO. H82158023	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING	POINT	ORDER ENTR 08/03/	Y DATE 2018	PAGE 1	DUPLICATE
SOLD TO:		SHIP '	ro:		IN	OICE TY	FA:	FON CON
ACCOUNTS PAYABLE GILMORE MEM REGIONAL ME CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500	110	5 EARL F	HOSPITAL RYE BLVD 8821-5500		TERMS:			NT L
			Visit:	: www.	fishersci.co	n		
DESCRIPTION		CATA! NUMB			UANTITY SHIPPED	UNIT	PRICE	AMOUNT
CALLER-VALUE CUSTOMER PHONE-662-256-6218	FROM: NED ON: 08/	06/2018						
SHIPMENT NBR: 001 BTL ASPIRATOR W/SPIGOT 1G		89 0112	LIST		2 EA 191.00		21.76 36.3%	243.52
SHIPMENT NBR: 002	FROM: SED ON 08/	06/2018	-					
WASH BOTTLE LDPE 500ML 4/	PK 03 4	109 10E	LIST		2 PK 55.94		14.71 73.7%	29.42
	OUR COMPANY DOES NOT							272.94
TELL US ABOUT YOUR RE THAN THREE MINUTES. E http://survey.medalli	NTER THE LINK INTO YO	OUR BROW	SER AND ENT	PLETIN ER THE	IG A SHORT SU PASSCODE SH	RVEY. T	rhis shou	D TAKE NO LONG
E-INVOICE @HTTPS://WWW.	E-SCICOM.COM/THERMOF	ISHER/RE	GISTER.ASPX					
					- 40 40			
See reverse side for comp								

AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

_CMS 4507510001	REMIT TO:	INQUIRE
Fisher HealthCare	ACCT# 450751-001 P.O. BOX 404705	
Part of Thermo Fisher Scientific	ATLANTA G	A
	30384-4705	

(800) 640-0640 11450 COMPAQ CENTER WEST HOUSTON TX 77070

INV DATE

D-U-N-S-00-432-1519 FEIN 23-2942737 ORIGINAL INVOICE

PLEASE REFER TO THIS INVOICE NUMBER ON YOUR REMITTANCE

THIS IS A PARTIAL

SHIPMENT

CUSTOMER PURCHASE ORDER	R NUMBER - RELEASE NUMBER	3		INV DATE			
01770	50015	5696154		08/08/2018		517187	
ORDER NO. U82180756	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTRY	DATE	PAGE 1	DUPLICATE

SOLD TO:

SHIP TO:

INVOICE TYPE:

NOR FON CON

ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD

AMORY MS 38821-5500

GILMORE MEM HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821-5500

DUE: 09/07/2018 TERMS: NET 30 DAYS

PAYABLE IN U.S. CURRENCY.

		7	/isit:	: www.fishersci.com				
DESCRIPTION	CATA NUM			QUANTITY SHIPPED	UNIT PRICE		AMOUNT	
SHIPMENT NBR: 001 FROM: SED ON	08/08/2018	110000						
ORDERED PART # B21365X HEKTOEN ENTERIC AGAR 20/PK	B21365X 8173660			2 PK		4.19	8.38	
		LIST		30.65	-	86.3%		
ORDERED PART # B21270X MACCONKEY AGAR II 100/PK	B21270X 8179662			3 PK		17.81	53.43	
101	6179662	LIST		98.00	*	81.8%		
ORDERED PART # B21169X CHOC 2 AGAR 20/PK	B21169X			4 PK		3.67	14.68	
LOT	8172584	LIST		38.73	-	90.5%		
ORDERED PART # L97953 MACCONKEY W/SORBITOL 10/PK	L97953 8158671			2 PK		3.99	7.98	
LOT	8128611	LIST		28.14	-	85.8%		
ORDERED PART # B21261X TRYPT SOY AGR W/5 BLD 100PK	B21261X			4 PK		17.81	71.24	
LOT	8173641	LIST		128.31	-	86.1%		
ORDERED PART # B211733 MANNITOL SALT AGAR 20/PK	B21173X			2 PK		4.98	9.96	
LOT	8179669	LIST		40.88	-	87.8%		
ORDERED PART # BNX4300 BINAX NOW RSV 42 TESTS/PK RX	BNX430000		*	1 PK		344.40	344.40	
LOT	096834	LIST		1,258.59	-	72.6%		
ORDERED PART # 23-043 IMMUNOCARD STAT EHEC 30TEST/EA	23 043 200		*X	1 EA		282.00	282.00	
LOT	HC711235	LIST		1,177.96	-	76.1%		
SHIPMENT NBR: 002 FROM: SED O	N 08/08/201	8					CONTINUED	

See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.isp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

CMS 4507510001 Fisher HealthCare	REMIT TO: ACCT# 450751-001 P.O. BOX 404705	INQU	JIRE AT: (800) 11450 COMPAQ HOUSTON TX	640-0640 CENTER WEST	FEIN	N-S-00-43 23-29427 INAL INVO	737
Part of Thermo Fisher Scientific	ATLANTA G 30384-4705	А	77070		PLEASE NUMBE	REFER TO	THIS INVOICE REMITTANCE
CUSTOMER PURCHASE ORDER NUM	BER - RELEASE NUMBER			INV DATE			
		696154		08/08/2018		517187	
01770 ORDER NO. U82180756	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTR	Y DATE 2018	PAGE 2	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MEI CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500	1105	EARL F	O: HOSPITAL RYE BLVD 8821-5500	DUE: (VOICE TYP 09/07/2018 NET 30 DA PAYABLE IN	THIS IS PARTIAL SHIPMEN	A A
		CATAI		.fishersci.co	m UNIT P	DICE I	AMOUNT

	Visit: www.fishersci.com							
DESCRIPTION	CATA NUM			QUANTITY SHIPPED	UNIT	PRICE	AMOUNT	
ORDERED PART # B12522 TB STAIN SET K LOT	B12522 8100577	LIST	*#	1 EA 157.20	-	24.85	24.85	
ORDERED PART # 0270718 CP VRSCLSR TM UNIV RED1000/PK	02 707 18	LIST		1 PK 99.00	**	15.44 84.4%	15.44	
ORDERED PART # 026702 SEDIPLAST WSTGRN S1000 100/PK LOT	02 670 29 W1309AAA	LIST		2 PK 208.00	2	79.09 62.0%	158.18	
ORDERED PART # B12539 GRAM STAIN SET WSTAB IODINE LOT	B12539 8108709	LIST	*	1_EA 93.08	177	30.69 67.0%	30.69	
ORDERED PART # A4521 METHANOL CERT ACS/HPLC 1L LOT	A452 1 182000	LIST	*	1 EA 82.45	-	38.55	38.55	
ORDERED PART # 231113 AIMTAB KETONE TABLETS 100/PK LOT	23 111 357 81731	LIST	*	2 PK 65.70		55.85 15.0%	111.70	
ORDERED PART # 22 363 ASST 1.5X5 LATX FREE 48/CS LOT	114 22 363 114 20180106	LIST		1 CS 128.66	1	57.37 55.4%	57.37	
ORDERED PART # 230430 QUICKVUE 1-STEP HCG COMBO 50PK LOT	23 043 053 704224	LIST	*	1 PK 244.17	-	71.78 70.6%	71.78	
ORDERED PART # 230436 QUICKVUE+ STREP A 25/PK LOT	23 043 019		*	2 PK		45.83	91.66 CONTINUED	

See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.isp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF GUODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

CMS 4507510001 Fisher HealthCare	REMIT TO: ACCT# 450751-0	001	UIRE AT: (800 11450 COMPAQ HOUSTON TX) 640-0640 CENTER WEST	D-U-N-S-00 FEIN 23-29 ORIGINAL I	42737
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA GA	77070			TO THIS INVOICE OUR REMITTANCE
CUSTOMER PURCHASE ORDER N	UMBER - RELEASE NU	JMBER		INV DATE	61.01	077
01770	5	00155696154	,	08/08/2018	5171 RY DATE PAGE	
ORDER NO. U82180756	ACCOUNT NO. 450751-001	CSO	F.O.B. SHIPPING POINT		/2018 3	OR FON CON
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL M CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500	ED	SHIP GILMORE MEM 1105 EARL F AMORY MS 3	HOSPITAL RYE BLVD 8821-5500	DUE: (TERMS:	THIS PART SHIP 09/07/2018 NET 30 DAYS PAYABLE IN U.S.	IS A X
				.fishersci.co		T MOTIVE
DESCRIPTION		CATA: NUME		QUANTITY SHIPPED	UNIT PRICE	TNUOMA
		I	JIST	201.56	- 77.3%	1,392.29
MERCHANDISE SUBTOTAL HAZARDOUS MATERIAL CHAI LEVEL I INTEGRITY PACK						21.50 12.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION (*) FOR YOUR REFERENCE, UNDER SEPARATE COVE		DELL'EST ACTION OF	OV MUCCE TERMS F	OP WHICH MSDS	(S) WILL BE PRO	1,425.79 VIDED NEEDED.
(#) THERE IS A \$21.50 H.		1				
(X) THERE IS A ONE TIME TELL US ABOUT YOUR R THAN THREE MINUTES. http://survey.medall E-INVOICE @HTTPS://WWW	ECENT CUSTOMER SE ENTER THE LINK IN' ia.com/fishersci	VICE EXPERI O YOUR BROW PASSCODE: U	ENCE BY COMPLETI SER AND ENTER TH SA-PGH-CS2	NG A SHORT SU HE PASSCODE SH	RVEY. THIS SHO	ULD TAKE NO LONG
					z	
See reverse side for co	molete terms and o	conditions o	r visit http://www	Fishersci.com/wos	s/portal/CMSTATIC?bre	F=Footer/tandcsale.isp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CHASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

	REMIT TO	: INC	QUIRE AT:	(800)	640-0640		J-N-S-00-4	
CMS 4507510001	ACCT# 450751-				CENTER WEST	FE1	N 23-2942	2737
F) Fisher HealthCare	P.O. BOX 4047	705	HOUSTON 3	rx		The Control of the Co	GINAL IN	O THIS INVOICE
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070			PLEASE	ER ON YOU	R REMITTANCE
CUSTOMER PURCHASE ORDER NUM		IUMBER			INV DATE	Ì		
01795		500155849535		_	08/08/2018		51718 PAGE	78 DUPLICATE
ORDER NO. U82193609	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING P	OINT	ORDER ENTI	/2018	1	
SOLD TO:		SHIP	TO:		IN	VOICE TY	PE: NO	
ACCOUNTS PAYABLE GILMORE MEM REGIONAL ME CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500	D D	GILMORE ME 1105 EARL AMORY MS	FRYE BLVD		TERMS:	09/07/20 NET 30 PAYABLE	PARTIA SHIPME	AL NT
			Visit:	www.i	fishersci.co			
DESCRIPTION		CATA NUM	35 10 5 7 1		JANTITY HIPPED	UNIT	PRICE	AMOUNT
SHIPMENT NBR: 001	FROM: SED ON	08/08/2018						
	PART # B432009				2 PK		23.23	46.46
CLTSWB STUART LIQ SGL 50/F	PK LOT	B4320099 180269299					70.3%	
			LIST		78.23		70.50	
						1		
								46.46
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,	OUR COMPANY DOE	S NOT ACCEPT	CREDIT CARD	NUMBI	ERS VIA FAX	OR EMAIL	-	
	GIVENOUS CI	THE PURE	BNCE BY COMP.	LETINO	G A SHORT ST	URVEY.	THIS SHOU	LD TAKE NO LONG
TELL US ABOUT YOUR RE THAN THREE MINUTES. E http://survey.medalli	NTER THE LINK IS	NIO YOUR BROW	ASEK WAND DRIED	R THE	PASSCODE SI	HDWN.		
E-INVOICE @HTTPS://WWW.	E-SCICOM.COM/TH	ERMOFISHER/RI	GISTER. ASPX					
	\$		1			Ī		
			4					
								13
			1					
								1
						3		
			-					
						1		(
		1						1
						1		1
See reverse side for com	and the second s	<u> </u>			iobaccai com for	os /port a L/C	ASTATIC?bref	=Footer/tandcsale.is

DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

Part of Thermo Fisher Scientific	50 ACCOUNT NO. 450751-001	GA	P.O.B.		INV DATE 08/09/2018	PLEASE		THIS INVOICE R REMITTANCE
ORDER NO. U82180756 SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD	50 ACCOUNT NO. 450751-001	0155696154 CSO CHU	F.O.B. SHIPPING		500°C		577560	
ORDER NO. U82180756 SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD	50 ACCOUNT NO. 450751-001	0155696154 CSO CHU	F.O.B. SHIPPING		08/09/2018		632566	
ORDER NO. U82180756 SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD	450751-001	CHU	F.O.B. SHIPPING				1	
ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD		SHIP 7		POINT	ORDER ENTR	Y DATE 2018	PAGE 1	DUPLICATE R FON CON
GILMORE MEM REGIONAL MED CENTER 1105 BARL FRYE BLVD			ro:		INV	OICE TYP		
AMOR1 MS 30021-3300		GILMORE MEM 1105 EARL F AMORY MS 3	RYE BLVD		TERMS:			L L
			Visit:	www.	fishersci.com			
DESCRIPTION	reconstruction and a second	CATAI	71/7/201		UANTITY SHIPPED	UNIT P	RICE	AMOUNT
		NUMB	ER		SHIPPED			
breed at the second	OM: VND ON ART # BB21729	08/08/2018 BB21729	LIST		2 PK 16.61		4.02	8.04
MERCHANDISE SUBTOTAL DIRECT SHIP TRANS CHARGE								8.04 14.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, OU	R COMPANY DOES	NOT ACCEPT	CREDIT CAR	NUME	BERS VIA FAX	OR EMAIL		22.04
TELL US ABOUT YOUR RECENTHAN THREE MINUTES. ENTE	T CUSTOMER SER R THE LINK INT om/fishersci	VICE EXPERIE O YOUR BROWS PASSCODE: US	ENCE BY COM SER AND ENT SA-PGH-CS2	PLETIN	G A SHORT SU	RVEY. TH	IIS SHOU	LD TAKE NO LON
E-INVOICE @HTTPS://WWW.E-S	CICOM.COM/THER	MOFISHER/REG	GISTER.ASPX					

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

CMS 4507510001 Fisher HealthCare	REMIT TO: ACCT# 450751-0	01		000) 640-0640 PAQ CENTER WEST	D-U-N-S-C FEIN 23-2 ORIGINAL	
Part of Thermo Fisher Scientific	P.O. BOX 40470 ATLANTA 30384-4705	GA	77070		PLEASE REFER	R TO THIS INVOICE YOUR REMITTANCE
CUSTOMER PURCHASE ORDER NU	JMBER - RELEASE NU	MBER		INV DATE		
01822	50	0156165053		08/13/2018		96901 SE DUPLICATE
ORDER NO. U82219006	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING PO:	ORDER ENTR	Y DATE PAG 2018	1
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL M CENTER 1105 BARL FRYE BLVD AMORY MS 38821-5500		SHIP T GILMORE MEM 1105 EARL F AMORY MS 3	HOSPITAL RYE BLVD 8821-5500	DUE: 0 TERMS:	PA SH 09/12/2018 NET 30 DAYS PAYABLE IN U.S	NOR FON CON IIS IS A IRTIAL I I PMENT . CURRENCY.
		nasaning and a second	Visit: v	ww.fishersci.co		T MOVING
DESCRIPTION		CATAI NUMB	926	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
	FROM: SED ON:	08/13/2018 14 910 190	X	1 EA	265.00	265.00
IMMUNOCD STAT CRYP/GIAR 3	(U1) DI.	08181153	IST	1,070.90	- 75.3%	
MERCHANDISE SUBTOTAL LEVEL I INTEGRITY PACK	ING FEE					265.00 12.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION				and the second s	OR EMAIL	277.00
(X) THERE IS A ONE TIME TELL US ABOUT YOUR RITHAN THREE MINUTES. Inttp://survey.medall. E-INVOICE @HTTPS://WWW	ECENT CUSTOMER SER ENTER THE LINK INT ia.com/fishersci	VICE EXPERIE O YOUR BROWS PASSCODE: US	ENCE BY COMPLE SER AND ENTER EA-PGH-CS2	TING A SHORT SU		HOULD TAKE NO LON
		TI				

AND SIGNED FOR BY THE TRANSPORTATION COMPANY, CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF AND SIGNED FOR BY THE TRANSPORTATION COMPANY, CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

		7370	TIPE AM.					20.1510
CMS 4507510001	REMIT TO: ACCT# 450751-	700		OMPAQ	640-0640 CENTER WEST	FEIN	N-S-00-4 N 23-2942 NAL INV	737
Fisher HealthCare Part of Thermo Fisher Scientific	P.O. BOX 4047 ATLANTA		HOUSTON 77070	TX		PLEASE	REFER TO	THIS INVOICE R REMITTANCE
CUSTOMER PURCHASE ORDER N	30384-4705 UMBER - RELEASE N	UMBER		$\neg \neg$	INV DATE	NOMBE	K ON 100	
01908					08/20/2018	86717		DUPLICATE
ORDER NO. H82296532	ACCOUNT NO. 450751-001	CSO F.O.B. SHIPPING POINT			ORDER ENTR	2018	1	R FON CON
SOLD TO:		SHIP 7	ro:		IN	VOICE TYP	THIS I	s A
ACCOUNTS PAYABLE GILMORE MEM REGIONAL M CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500	MED	REQUEST DEP GILMORE MEM 1105 EARL F AMORY MS 3	HOSPITAL RYE BLVD		TERMS:	09/19/201 NET 30 D PAYABLE I	AYS	NT
			Visit		.fishersci.co		T	AMOUNT
DESCRIPTION	N	CATAI NUMB			QUANTITY SHIPPED	UNIT F	PRICE	AMOUNI
CALLER-VALUE CUSTOMER PHONE-662-256-6218								
SHIPMENT NBR: 001	FROM: CDC ON	08/20/2018	Ver i		1 PK	319	00.80	100.80
TRIAGE TOTAL CTL1 5X.25M	L/PK LOT	13 982 17 C3431A	* LIST		125.00		19.4%	
TRIAGE TOTAL CTL2 5X.25M	L/PK	13 982 18 C3408A	*		1 PK	1	25.00	125.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION (*) FOR YOUR REFERENCE, UNDER SEPARATE COVE TELL US ABOUT YOUR F THAN THREE MINUTES. http://survey.medall E-INVOICE @HTTPS://WWW	AN ASTERISK HAS R. CONTACT YOUR C RECENT CUSTOMER SE ENTER THE LINK IN Lia.com/fishersci W.E-SCICOM.COM/THE	HEEN PLACED CUSTOMER SERV ENVICE EXPERI TO YOUR BROW PASSCODE: U	BY THOSE I'ICE REPRES ENCE BY CO ISER AND EN ISA-PGH-CS2	TEMS FENTATI	OR WHICH MSD: VE IF ADDITION ING A SHORT STEEPASSCODE ST	S(S) WILL ONAL INFO URVEY. THOWN.	BE PROV	LD TAKE NO LONGE
See reverse side for co			O CHITDMENT	MAGI	MELIVERED IN	BEKEECT C	OMPTITOR	
PAST DUE BALANCES ARE SUB AND SIGNED FOR BY THE TRA GOODS TO CARRIER. DO NOT CARRIER ENDORSES NOTATION DOCUMENTARY EVIDENCE CLAI BY THIS INVOICE WERE PROD OF THE FAIR LABOR STANDAR UNITED STATES DEPARTMENT	ACCEPT SHIPMENT I TO THIS EFFECT OF M CANNOT BE FILED DUCED IN COMPLIANCE DUCED IN COM	SHOWING EVID ON FACE OF TR D. SELLER CE CE WITH ALL A AS AMENDED, JNDER SECTION	ENCE OF DAMENSPORTATION CANSPORTATION CRITIFIES THE CAND OF THE CA	MAGE O ON REC AT ALL REQUIF REGUL	OR SHORTAGE UNDER SHORTAGE UNITHOUSE GOODS (OR SEMENTS OF SE	NTIL AGEN UT THIS ERVICES) CTIONS 6, RDERS OF	T OF COVERED 7, AND 1	

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

CMS 4507510001 Fisher HealthCare	REMIT TO: ACCT# 450751-001	INQ	JIRE AT: (800) 11450 COMPAQ HOUSTON TX	640-0640 CENTER WEST	FEIR	-N-S-00-4 N 23-2942 GINAL INV	737
Part of Thermo Fisher Sciantific	P.O. BOX 404705 ATLANTA 30384-4705	GA	77070				THIS INVOICE R REMITTANCE
CUSTOMER PURCHASE ORDER NUM		R 7471203		INV DATE 08/22/2018		959192	
01937 ORDER NO. U82330956	ACCOUNT NO. 450751-001	CSO CHU	F.O.B. SHIPPING POINT	ORDER ENTR 08/22/	Y DATE 2018	PAGE 1	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500	110	5 EARL F	TO: HOSPITAL RYE BLVD 8821-5500	DUE: C	VOICE TYPE	THIS IS PARTIAL SHIPMEN	S A Z

		Visit:	www.fishersci.com		
DESCRIPTION	CATALOG NUMBER		QUANTITY SHIPPED	UNIT PRICE	AMOUNT
SHIPMENT NBR: 001 FROM: SED ON:	08/22/2018			and the state of t	
	23 043 070 704046	*	2 PK	350.00	700.00
ORDERED PART # 21341	LIS'	r	585.77		209.56
TIP MLA STCK RK 1000/PK	21 341 LIS	T	4 PK 98.40	52.39 - 46.8%	209.30
INPANT HEEL WARNER DIG COOK	35 22 026 735 071018A	*	1 CS	86.90	86.90
LOT	LIS	T	284.00	- 69.4%	
ORDERED PART # B260683 GASPACK EZ ANAEROBE POUCH LOT	B260683 8116666		4 PK	31.43	125.72
ORDERED PART # 2306212 BLOOD BNK SALINE .9%NACL 10LT LOT	23 062125 313365		1 EA 41.90	10.53	10.53
ORDERED PART # OKMTS96 MTS ID-TIPS-RACKED 1152/PK LOT	3 OKMTS9633 353421 LIS	ST	1 PK 158.68	136.46	136.46
ORDERED PART # 2390053 SURE-VUE H. PYLORI 30/PK RX LOT	23 900 535 HP8030029	*	1 PK 530.57	166.45 - 68.6%	166.45
ORDERED PART # 1496115 CENTRIFUGE TBE 15ML PS 500/CS	14 961 15 LI	ST	2 CS 166.16	129.37 - 22.1%	258.74
ORDERED PART # 2304305 QUICKVUE 1-STEP HCG COMBO 50PK LOT	23 043 053 704224	*	1 PK	71.78	71.78 CONTINUED

See reverse side for complete terms and conditions or visit http://www.fishersci.com/wos/portal/CMSTATIC?href=Footer/tandcsale.lsp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938. AS AMENDED. AND OF THE REGULATIONS AND ORDERS OF THE OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

Fisher HealthCare Part of Thermo Fisher Scientific	REMIT TO ACCT# 450751 P.O. BOX 404 ATLANTA 30384-4705	-001	QUIRE AT: 11450 HOUST 77070	COMPAQ	640-0640 CENTER WEST	FEIN ORIG PLEASE		737
CUSTOMER PURCHASE ORDER NUMB	BER - RELEASE I	TUMBER 500157471203	3		INV DATE 08/22/2018		959192	9
ORDER NO. U82330956	ACCOUNT NO. 450751-001	CSO CHU	SHIPPIN	B. G POINT	ORDER ENTR	Y DATE 2018	PAGE 2	DUPLICATE FON CON
ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500		1105 EARL	38821-5500		TERMS:	09/21/201: NET 30 D PAYABLE II	AYS	RRENCY.
DESCRIPTION		- VETTER	ALOG MBER		DUANTITY SHIPPED	UNIT P	RICE	AMOUNT
ORDERED QUICKVUE+ STREP A 25/PK	PART # 2304303	23 043 019 704164	LIST *		244.17 3 PK 201.56	4	0.6% 5.83 7.3%	137.49
ORDERED GASPACK EZ CO2 POUCH 20/PK	PART # B26068	B260684 8116687	LIST		4 PK		8.29	113.16
	PART # 125501							

8 PK

3 PK

2 PK

4 PK

2 PK

30.65

98.00

38.73

54.29

413.50

10.66

80.4%

160.93

61.1%

4.19

86.3%

17.81

81.8%

3.67

90.5%

See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATJC?href=Footer/tandcsale.jsp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

13 711 9AM

LIST

LIST

LIST

LIST

LIST

18281683

22 469 17

08/22/2018

11502181

B21365X

8194725

B21270X

8207886

B21169X

8179516

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

ORDERED PART # 137119AN

ORDERED PART # 2246917

FROM: SED

ORDERED PART # B21365X

ORDERED PART # B21270X

ORDERED PART # B21169X

LOT

LOT

LOT

LOT

LOT

ON

FB TRNS PPT 5.8ML NS GRD 5C/PK

SED-CHK 2BILVL CNTRL3X8ML 1PK

SHIPMENT NBR: 002

HEKTOEN ENTERIC AGAR 20/PK

MACCONKEY AGAR II 100/PK

CHOC 2 AGAR 20/PK

85.28

482.79

8.38

71.24

7.34

CONTINUED

Fisher HealthCare	REMIT TO: ACCT# 450751-00 P.O. BOX 404705	1	HOUSTON	MPAQ	640-0640 CENTER WEST	ORI	-N-S-00-4 N 23-2942 GINAL INV	737 OICE THIS INVOICE
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070	—т	INV DATE	NUMBI	ER ON YOU	R REMITTANCE
CUSTOMER PURCHASE ORDER NUMB	ER - RELEASE NUM	BER			08/22/2018		959192	AL DIVINION AND ADDRESS OF THE PARTY OF THE
1937	ACCOUNT NO.	0157471203 CSO	F.O.B.	DOTNIT	ORDER ENTRY	Y DATE	PAGE 3	DUPLICATE
ORDER NO. U82330956	450751-001	СНО	SHIPPING	POINT		OICE TY	DR. NOI	R FON CON
SOLD TO:		SHIP	TO:		7.14 /	OICE II	THIS I	
ACCOUNTS PAYABLE GILMORE MEM REGIONAL MED CENTER 1105 EARL FRYE BLVD AMORY MS 38821-5500		GILMORE MEM 1105 EARL F AMORY MS 3	PRYE BLVD 38821-5500		TERMS:	AYABLE	SHIPME 18 DAYS IN U.S. C	
			Visit	The second second second	.fishersci.co	m ·	DRICE I	AMOUNT
DESCRIPTION		CATA	E-7000		QUANTITY SHIPPED	UNIT	PRICE	******
ORDERED TRYPT SOY AGR W/5 BLD 100P	N 13	321261X 8193856	LIST		4 PK 128.31	-	17.81	71.24
ORDERED	FROM: CDC ON:	08/22/2018	*X		3 PK		350.00	1,050.00
TRIAGE METERPRO BNP PANL25		W64548B	LIST		725.00	\- <u>-</u>	51.7%	-
ORDEREI TRIAGE D-DIMER PANEL 25TST	PART # 1398216 PKRX LOT	13 982 16 W64570B	*		1 PK	-	350.00	350.00
MERCHANDISE SUBTOTAL LEVEL I INTEGRITY PACKI						OD PMA	TT	4,268.16 12.00 4,280.16
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, (*) FOR YOUR REFERENCE, UNDER SEPARATE COVER	AN ASTERISK HAS . CONTACT YOUR C	BEEN PLACEI USTOMER SEI	BY THOSE REPRES	TEMS SENTAT	IVE IF ADDIT			VIDED NEEDED:
(X) THERE IS A ONE TIME TELL US ABOUT YOUR RE THAN THREE MINUTES. F http://survey.medall.	CENT CUSTOMER SE ENTER THE LINK IN La.com/fishersci	PASSCODE:	RIENCE BY C OWSER AND E USA-PGH-CS	OMPLE' NTER '		SURVEY. SHOWN.	THIS SHO	OULD TAKE NO LOI
E-INVOICE @HTTPS://WWW	E-SCICOM.COM/THI	ERMOFISHER/	KBGIOIBK. AG					

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

_CMS 6008690004	REMIT TO:	INQ	UIRE AT:		640-0640		N-S-00-4	
Fisher HealthCare	ACCT# 600869-		HOUSTON		CENTER WEST	ORIC	SINAL INV	OICE
Part of Thermo Fisher Sciantific	ATLANTA 30384-4705	GA ,	77070			PLEASE REFER TO THIS INVOLU- NUMBER ON YOUR REMITTANCE		
CUSTOMER PURCHASE ORDER N	UMBER - RELEASE NU	UMBER			INV DATE		5.450.41	
749-6782938		00155897327	F.O.B.		08/10/2018 ORDER ENTR	Y DATE	54704° PAGE	DUPLICATE
ORDER NO. U82204356	ACCOUNT NO. 600869-001	CSO CHU	DESTINATI		08/08/	2018 VOICE TYP	R FON CON	
SOLD TO:		SHIP	TO:		IN	VOICE IIE	THIS I	
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-		NORTHWEST M MEDICAL CEN 1970 HOSPIT CLARKSDALE	TER TAL DR		TERMS:	09/09/201 NET 30 D PAYABLE I	AYS	NT
			Visit	: www.	fishersci.co	m		
DESCRIPTIO	N	CATA NUME	3.000.000		UANTITY SHIPPED	UNIT P	RICE	AMOUNT
CALLER-YATASHA MUSKIN PHONE-662-624-3453								
SHIPMENT NBR: 001	FROM: SED ON	08/10/2018						
ORDER ASST 1.5X5 LATX FREE 48/	ED PART # 22363114 CS LOT	22 363 114 20180106			1 CS	· ·	57.37	57.37
TOTAL INVOICE AMOUNT						on DM211		57.37
FOR YOUR PROTECTION		TITCE EVERT	ENCE BY CON	PLETI	NG A SHORT SU	RVEY. T	HIS SHOU	LD TAKE NO LONGE
TELL US ABOUT YOUR F THAN THREE MINUTES. http://survey.medall	ENTER THE LINK IN Lia.com/fishersci	PASSCODE: U	JSA-PGH-CS2					
E-INVOICE @HTTPS://WWW	W.E-SCICOM.COM/THE	RMOFISHER/RE	GISTER.ASP	×				
								2
		1						
		1	a salada see		fichasei com/was	s/portal/CMS	TATIC?href	Footer/tandcsale.isp
See reverse side for control of the fair Labor States of the form by the transport of the fair and signed for by the transport of the fair labor states of the fair Labor Standar United States department	JECT TO A FINANCE NSPORTATION COMPAI ACCEPT SHIPMENT: I TO THIS EFFECT OF M CANNOT BE FILED UNCED IN COMPLIANCE ACTS OF 1938	CHARGE. THI NY. CONSIGNO SHOWING EVID N FACE OF TR . SELLER CE E WITH ALL A AS AMENDED.	S SHIPMENT ORS RESPONSI DENCE OF DAM RANSPORTATIO ERTIFIES THA APPLICABLE F AND OF THE	WAS DI IBILITY MAGE OF ON RECO AT ALL REQUIR REGUL	ELIVERED IN E Y CEASES UPON R SHORTAGE UN EIPT. WITHOL GOODS (OR SE EMENTS OF SEC	DELIVER ITIL AGEN IT THIS ERVICES)	Y OF T OF COVERED 7, AND 1	

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

-CMS 6008690004	REMIT TO:	I	NQUIRE AT:		640-0640		N-S-00-4	
Fisher HealthCare	ACCT# 600869-		11450 HOUSTO		ENTER WEST		23-2942 INAL INV	
Part of Thermo Fisher Scientific	P.O. BOX 4047 ATLANTA	05 GA	77070	N IA	į	PLEASE	REFER TO	THIS INVOICE
	30384-4705				INV DATE	NUMBE	ON YOU	R REMITTANCE
CUSTOMER PURCHASE ORDER NUM	BER - RELEASE N	UMBER		190	08/13/2018	5616451		
49-6785676	ACCOUNT NO.	CSC	F.O.E		ORDER ENTR	Y DATE	PAGE	DUPLICATE
ORDER NO. H82250348	600869-001	CH	U DESTINAT	ION	08/13/	2018		
SOLD TO:		SHI	P TO:	7 11 7	IN	VOICE TYP		
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI RI MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-12:		MEDICAL C	MI REGIONAL ENTER		TERMS:)9/12/2018 NET 30 DA PAYABLE IN	YS	L _{NT}
			Visi	t: www.f	ishersci.co	m		
DESCRIPTION		CA	TALOG	QUA	ANTITY	UNIT P	RICE	AMOUNT
DESCRIPTION			JMBER	SH	IPPED			
CALLER-TASHA MUSKIN	A.W					1.160		
PHONE-662-624-3453				1	3			
SHIPMENT NBR: 001	FROM: CDC ON	08/13/20			10 DV	25	0.00	4.200.00
TRIAGE METERPRO BNP PANL25	PKRX LOT	13 982 03 W64548B	*X		12 PK	35	0.00	4,200.00
RUSH SHPMT AUTHORIZATION							- 1	
							1	
MERCHANDISE SUBTOTAL								4,200.00 82.16
SHIPPING	.a. ppp							12.00
LEVEL I INTEGRITY PACKIN	IG FEE						1	4,294.16
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,	OUR COMPANY DOE	NOT ACCE	PT CREDIT CA	RO NUMBE	RS VIA FAX	OR EMAIL		
(*) FOR YOUR REFERENCE, FUNDER SEPARATE COVER		0.55520		make POD	WHICH MCDS	(S) WILL	BE PROV	IDED NEEDED.
(X) THERE IS A ONE TIME I						1		
TELL US ABOUT YOUR REGISTED THAN THREE MINUTES. EN http://survey.medallia	CENT CUSTOMER SENTER THE LINK IN a.com/fishersci	TO YOUR BE PASSCODE:	RIENCE BY CO ROWSER AND EN USA-PGH-CS	OMPLETING NTER THE 2	A SHORT SI PASSCODE SI	URVEY, TI	HIS SHOU	LD TAKE NO LON
E-INVOICE @HTTPS://WWW.	E-SCICOM.COM/THE	EHMOFISHER,	REGISTER. AS	PX				
		1						
		1						
See reverse side for com	olete terms and	conditions	or visit ht	tp://www.fi	shersci.com/wp	s/portal/CMS	TATIC?href	Footer/tandcsale.j
See reverse side for comp PAST DUE BALANCES ARE SUBJE ND SIGNED FOR BY THE TRANS		arrange m	HITC CUIDMENT	WAS DEL	TVERED IN E	ERFECT CC	MULTITON	Footer/tandcsale.

BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, A OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

Fisher HealthCare	REMIT TO: ACCT# 600869- P.O. BOX 4047	001 05	11450 COMPAQ HOUSTON TX) 640-0640 CENTER WEST	FEIN ORIG	N-S-00-43 I 23-2942 GINAL INVO	737 DICE
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070				THIS INVOICE REMITTANCE
CUSTOMER PURCHASE ORDER NUM	BER - RELEASE N	UMBER		INV DATE			
749-6783993	5	00156118327	,	08/13/2018		5616453	
ORDER NO. U82218167	ACCOUNT NO. 600869-001	CSO	F.O.B. DESTINATION	ORDER ENTR	Y DATE 2018	PAGE 1	DUPLICATE
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI RE MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-121		NORTHWEST M MEDICAL CEN 1970 HOSPIT CLARKSDALE	TER AL DR MS 38614-7202	TERMS:			
DESCRIPTION		CATA NUME		QUANTITY SHIPPED	UNIT P	RICE	AMOUNT
ORDERED A TAXO DISCS 10/PK	FROM: SED ON PART # B31552 RX LOT PART # B21365X	B31552 8050848		1 PK		7.15	17.15
HEKTOEN ENTERIC AGAR 20/PK	LOT	B21365X 8173660		1 PK		4.19	4.19
ODDEDED	PART # BB21196		1				

See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?hrof=Footer/tandcsale.jsp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

23 038017

23 032512

23 028047

23 038 060

8114546

B30189

B21267X

8173668

22 727891

8031737

8086516 8108809

B30429

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

ORDERED PART # 23038017

ORDERED PART # 2303251

ORDERED PART # 2302804

ORDERED PART # 23038060

ORDERED PART # B21267X

ORDERED PART # 22727893

ORDERED PART # B21261X

LOT

LOT

LOT

LOT

LOT

LOT

SURE-VUE CLR MONO 50TST/PK RX

STD/10 AEROBC/F 40ML BTL 50/PK

SURE-VUE SELECT RUBELA 100PKRX

RPR CAD TEST CNTRL CRDS10PK RX

GC AGAR W/ISOVX HEM 100PKGC

BACTEC PEDS 50/PK

55.19

276.45

490.84

229.00

17.81

48.68

CONTINUED

55.19

92.15

122.71

229.00

17.81

12.17

1 PK

3 PK

4 PK

1 PK

1 PK

4 PK

*X

6008690004 Fisher HealthCare	REMIT TO: ACCT# 600869-001 P.O. BOX 404705	INQ	UIRE AT: (800 11450 COMPAQ HOUSTON TX) 640-0640 CENTER WEST	FEIN	N-S-00-4 N 23-2942 SINAL INV	737
Part of Thermo Fisher Scientific		A	77070				THIS INVOICE R REMITTANCE
CUSTOMER PURCHASE ORDER NUM		118327		INV DATE 08/13/2018		561645	53
749-6783993 ORDER NO. U82218167	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTR 08/09/	Y DATE 2018	PAGE 2	DUPLICATE
SOLD TO: ACCOUNTS PAYABLE	NOP!	SHIP T	ro:	IN	VOICE TYP	THIS IS PARTIA SHIPME	s A 📑
NORTHWEST MISSISSIPPI RE MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-121	MED1	ICAL CEN D HOSPIT RKSDALE	TER AL DR	TERMS:	9/12/201 NET 30 D PAYABLE I	AYS	URRENCY.

		Visit:	www.fishersci.com	1	
DESCRIPTION	CATALOG NUMBER		QUANTITY SHIPPED	UNIT PRICE	AMOUNT
	B21261X 8173662		4 PK	17.81	71.24
MACCINKEY AGAR II IOO/ER	B21270X 8194728		3 PK	17.81	53.43
SURE-VUE ASO SUIDSI/FR	23 038000 B30522	*	1 PK	116.81	116.81
	22 349 689 7278519	*	1 EA	47.95	47.95
ORDERED PART # B31048 P TAXO DISCS 50/PK RX LOT	B31048 8028973		2 PK	5.24	10.48
ORDERED PART # B21179X PHENYLETHYL ALCOHL AGAR 20PK LOT	B21179X 8179667		3 PK	4.51	13.53
ORDERED PART # 2302580 BCTC STD ANARB/F MEDIA 50/PK	23 025806 8086986		3 PK	92.15	276.45
ORDERED PART # 2303800 SURE-VUE RF 100TEST/PK RX LOT	23 038002 B27927	*	1 PK	71.60	71.60
SHIPMENT NBR: 002 FROM: SED ON	08/13/2018				
ORDERED PART # 1490585	14 905 85		1 PK	18.09	18.09
ORDERED PART # 2304301 QUICKVUE+ STREP A 25/PK	23 043 019	*	3 PK	45.83	137.49
ORDERED PART # 1371190 FB TRNS PPT 5.8ML ST GRD 500PK	CN 13 711 9CM		2 PK	16.24	32,48 CONTINUEL

See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.isp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF
GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF
CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS
DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

Fisher HealthCare Part of Thermo Fisher Scientific	REMIT TO ACCT# 600869 P.O. BOX 404 ATLANTA 30384-4705	-001	UIRE AT: 11450 CO HOUSTON 77070	(800) 640-0640 MPAQ CENTER WEST TX		42737
TUSTOMER PURCHASE ORDER NUI		NUMBER		INV DATE		
		500156118327		08/13/2018	5616	453
19-6783993	ACCOUNT NO.	CSO	F.O.B.	ORDER ENTE	Y DATE PAGE	
ORDER NO. U82218167	600869-001		DESTINATIO	ON 08/09/		
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI R MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-12		SHIP ' NORTHWEST M MEDICAL CEN 1970 HOSPIT CLARKSDALE	I REGIONAL TER	DUE: (THIS	OR FON CON
			Visit:	www.fishersci.co	m	
DESCRIPTION		CATAI NUMB	11000	QUANTITY SHIPPED	UNIT PRICE	AMOUNT
	LOT) PART # 2236355	18231338		1 PK	98.18	98.18
FB LP 10UL FLX LYL 10BG 96	0/PK	22 363 597				
ORDEREI GRAM DECOLORIZER 4/PK	D PART # B12527	B12527 8015558	*#	1 PK	18.96	18.96
ORDERES	D PART # 230292 50/BA LOT	23 029 252 280050K216	*	1 EA	1,330.00	1,330.00
ORDERE URISYSTEM TUBES 500/CS	D PART # 143772 LOT	14 377 252 BP9142182		1 CS	34.07	34.07
ORDERE BULB DECANTING PIPETTOR 5	D PART # 143755 00/PK LOT	14 375 560 18220927		1 PK	43.18	43.18
ORDERE BULB DECANTING PIPETTOR 5	D PART # 143755 00/PK	14 375 560 18220927		2 PK	43.18	86.36
ORDERE HEAT TRANSFER FLUID FOR 3	D PART # 22-046 D3 LOT	-692 22 046692 MW18B28159		1 EA	23.08	23.08
ORDERE KOVA STAIN 25ML 3/PK	D PART # 23-741	23 741108 K30323401	*	1 PK	84.98	84.98
MERCHANDISE SUBTOTAL HAZARDOUS MATERIAL CHAR LEVEL I INTEGRITY PACK!	GE NG FEE	3.4				3,732.64 21.50 12.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION	OUR COMPANY DO	DES NOT ACCEPT	CREDIT CAR	D NUMBERS VIA FAX	OR EMAIL	
(*) FOR YOUR REFERENCE,	AN ASTERISK HAS	S BEEN PLACED	BY THOSE IT	EMS FOR WHICH MSI	S(S) WILL BE PR	CONTINUED

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

			- KALIDERTANNA LANGUA					
CMS 6008690004	REMIT TO:	INQ	UIRE AT:		640-0640			-432-1519
Fisher HealthCare	ACCT# 600869-0		11450 C HOUSTON		CENTER WEST		N 23-29 GINAL I	
Part of Thermo Fisher Scientific	P.O. BOX 40470 ATLANTA	GA GA	77070					TO THIS INVOICE
	30384-4705				INV DATE	NUMBI	R ON YO	OUR REMITTANCE
CUSTOMER PURCHASE ORDER NU					08/13/2018		5616	453
749-6783993		00156118327 CSO	F.O.B.		ORDER ENTE	RY DATE	PAGE	DUPLICATE
ORDER NO. U82218167	ACCOUNT NO. 600869-001	CHU	DESTINATI	ON	08/09/	/2018	4	
SOLD TO:		SHIP '	ro:		IN	VOICE TY		OR FON CON
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI R MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-12		NORTHWEST M MEDICAL CEN 1970 HOSPIT CLARKSDALE	TER AL DR MS 38614-7		TERMS:		PART SHIP	IAL 4
		Camai			UANTITY	UNIT I	PRICE	AMOUNT
DESCRIPTION		CATAI		1 1 2	SHIPPED	ONE I	a Note No. 64	
UNDER SEPARATE COVER.	CONTACT YOUR CU	STOMER SERVI	CE REPRESE	NTATIV	E IF ADDITIO	NAL INFO	RMATION	NEEDED.
(#) THERE IS A \$21.50 HAZ			1					
(X) THERE IS A ONE TIME I			1	DER.				
TELL US ABOUT YOUR REATHAN THREE MINUTES. EN http://survey.medallia	CENT CUSTOMER SER NTER THE LINK INT a.com/fishersci	VICE EXPERIE O YOUR BROWS PASSCODE: US	ENCE BY COM SER AND ENT SA-PGH-CS2	PLETIN ER THE	IG A SHORT SU E PASSCODE SH	RVEY. TI DWN.	HIS SHOW	LD TAKE NO LONGER
E-INVOICE WATERS:// ANA	3-5020011.001/ 21111		g					
						*		-
See reverse side for comp	Nata terms and co	onditions or	visit http	://www.i	Fishersci.com/wps	/portal/CMS	TATIC?hrei	f=Footer/tandcsale.isp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CHASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

Fisher HealthCare Part of Thermo Fisher Scientific	REMIT TO: ACCT# 600869-0 P.O. BOX 40470 ATLANTA	001	JIRE AT: 11450 CO HOUSTON 77070	OMPAQ	640-0640 CENTER WEST	FEIN ORIC		737 FOICE THIS INVOICE
	30384-4705				INV DATE	NUMBE	R ON YOU	R REMITTANCE
USTOMER PURCHASE ORDER NUMB				- 1	08/14/2018		626865	59
9-6785673	ACCOUNT NO.	00156476459 CSO	F.O.B.		ORDER ENTR	DATE	PAGE 1	DUPLICATE
ORDER NO. U82253912	600869-001	CHU	DESTINATI	ON	08/14/	2018		non con
SOLD TO:		SHIP T	70:		INV	OICE TYP	E: NO	R FON CON
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI REC MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-121		NORTHWEST M: MEDICAL CENT 1970 HOSPITY CLARKSDALE !	TER AL DR	202	TERMS:		AYS	URRENCY.
			Visit	: www	fishersci.com			AMOUNT
DESCRIPTION		CATAL NUMB	305.E		UANTITY SHIPPED	UNIT P	RICE	AMOUNT
ORDERED JRINE CNTNR 24 HR SPOUT 40/ SHIPMENT NBR: 002 F ORDERED ASST 1.5X5 LATX FREE 48/CS SHIPMENT NBR: 003 F	LOT PROM: SED ON PART # 22363114 LOT PROM: SED ON PART # OKMTS92	00 22 026 360 F150918 08/14/2018 22 363 114 20180106 08/14/2018	x		1 CS 2 CS 1 EA		04.84 57.37 34.27	194.84 114.74 234.27
Direction of the control of the cont	FROM: CDC ON PART # OKMTS08 K RX				2 PK	7	17.70	1,435.40
MERCHANDISE SUBTOTAL LEVEL I INTEGRITY PACKIN	G FEE				e			1,979.2 12.0 1,991.2
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,	OUR COMPANY DOE	NOT ACCEPT	CREDIT CA	RD NUN	MBERS VIA FAX	OR EMAII		
(X) THERE IS A ONE TIME L	EVEL I FEE OF	12.00 ADDED	TO THIS O	RDER.		É		LD TAKE NO LO

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CEASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

See reverse side for complete terms and conditions or visit http://www.fishersci.com/wps/portal/CMSTATIC?href=Footer/tandcsale.jsp

		TAXA	HIDE AM.				
CMS 6008690004	REMIT TO:	ACCURAGE TO	UIRE AT:	(800) 640-0640 COMPAQ CENTER WEST		N-S-00-	
(f) Fisher HealthCare	ACCT# 600869- P.O. BOX 4047		HOUSTON	[[일반]] [[[[][[[][[][[][[][[][[][][][][][][]	ORIO	GINAL IN	
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070				O THIS INVOICE
CUSTOMER PURCHASE ORDER NU		UMBER		INV DATE	.,,,,,,,,		
749-6786319		00156594942		08/14/201	8	62686	
ORDER NO. U82266021	ACCOUNT NO. 600869-001	CSO CHU	F.O.B DESTINAT		TRY DATE 4/2018	PAGE 1	DUPLICATE
SOLD TO:		SHIP	ro:	I	NVOICE TYP		
ACCOUNTS PAYABLE						THIS I PARTIA SHIPME	AL.
NORTHWEST MISSISSIPPI F	REG	NORTHWEST M MEDICAL CEN				SHITME	-10.1
MEDICAL CENTER PO BOX 1218		1970 HOSPIT	AL DR		09/13/201		
CLARKSDALE MS 38614-12	218	CLARKSDALE	MS 38614-	7202 TERMS:	NET 30 D PAYABLE I		URRENCY.
			Visit	: www.fishersci.c	com		
DESCRIPTION		CATAI	Log	QUANTITY	UNIT P	RICE	AMOUNT
		NUMB	ER	SHIPPED			
CALLER-YATASHA MUSKIN							
PHONE-662-624-3453	Date Colored Carolina Security						
SHIPMENT NBR: 001	FROM: SED ON:	08/14/2018					
	D PART # 14377252			1 CS	3	4.07	34.07
URISYSTEM TUBES 500/CS	LOT	14 377 252 BP9142182				1	
OPPERE	D PART # 23042305						
MLTSTX REAG STRP 10SG 100		23 042305	*	10 PK	2	8.56	285.60
	LOT	801045					
	D PART # 0267029	02 670 29		1 PK		79.09	79.09
SEDIPLAST WSTGRN S1000 10	O/PK LOT	W1309AAA				1301.300	
OBDER	D PART # 125495						
MICROSLDIMM PLN BVL 3X1IN	1GR	12 549 5		6 GR		14.12	84.72
	LOT	1220179			Ť		
		1					
							483.48
TOTAL, INVOICE AMOUNT FOR YOUR PROTECTION,	OUR COMPANY DOE	NOT ACCEPT	CREDIT CAR	NUMBERS VIA FA	X OR EMAIL		
	AN AGREDICK HAC	DEN DIACED	BY THOSE IT	TEMS FOR WHICH MS	DS(S) WILL	BE PROV	IDED
(*) FOR YOUR REFERENCE, UNDER SEPARATE COVER	. CONTACT YOUR C	USTOMER SERV	ICE REPRESI	NTATIVE IF ADDIT	IONAL INFO	RMATION	NEEDED.
THE TRANSPORT VOID DE	GRATE CHOTOMED CE	WICE EXPERT	ENCE BY COM	MPLETING A SHORT	SURVEY. T		LD TAKE NO LONGE
THAN THREE MINUTES. E http://survey.medalli	NTER THE LINK IN	TO YOUR BROW	SER AND EN	IER THE PASSCODE	SHOWN.		
		1					
E-INVOICE @HTTPS://WWW.	E-SCICOM.COM/THE	MOFISHER/RE	GISTER.ASP.	X.	+		
				1			
		1			4		
		1					
See reverse side for comp	olete terms and o	conditions or	visit http	://www.fishersci.com/w	ps/portal/CMS	TATIC?href=	Footer/tandcsale.isp
THE PART BALLANCES AND CURTE	OF TO A PINANCE	CHARGE THIS	SHIPMENT	WAS DELIVERED IN	PERFECT CO	NDITION	a section and the section and
THE PARTY NAME OF PARTY PARTY PARTY PARTY NAMED IN TAXABLE PARTY NAM	DODUNGTON COMDAN	TO CONSTIGNER	S KESPUNST	DIDITI CENORO OLV	TA PARTY FAMILY		
GOODS TO CARRIER. DO NOT A CARRIER ENDORSES NOTATION T							
DOCUMENTARY EVIDENCE CLAIM	CANNOT BE FILED.	SELLER CER	PPLICABLE R	EQUIREMENTS OF SE	CTIONS 6,7	, , , , , , , , ,	2
IOE THE EAIR LABOR STANDARDS	S ACTS OF 1938. P	S AMENUEU, A	MID OF THE	KLOULATTONS AND	RDERS OF T	HE	
UNITED STATES DEPARTMENT OF	LABOR ISSUED UN	IDER SECTION	14 THEREOF	•			

Case 3:18-bk-05665 Claim 211-1 Filed 01/17/19 Desc Main Document Page 37 of

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME

PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

CMS 6008690004	REMIT TO:		UIRE AT:		540-0640	(T) (1) (T)	N-S-00-	432-1519 2737
(F) Fisher HealthCare	P.O. BOX 40470		5 HOUSTON TX					VOICE
Part of Thermo Fisher Scientific	ATLANTA	GA	77070					THIS INVOICE REMITTANCE
CUSTOMER PURCHASE ORDER N	30384-4705	IMBIRR			INV DATE	NOMBE	K ON TOO	11.11.11.11.11.11.11.11.11.11.11.11.11.
		00156118327			08/15/2018		68946	26
749-6783993 ORDER NO.	ACCOUNT NO.	CSO	F.O.B.	ON	ORDER ENTE		PAGE	DUPLICATE
U82218167	600869-001	CHU	DESTINATI	ON	00,00,	7 20 10		R FON CON
SOLD TO:		SHIP	ro:		IN	VOICE TYP	E: NO	
ACCOUNTS PAYABLE							PARTIA	AL I
NORTHWEST MISSISSIPPI	REG	NORTHWEST M						
MEDICAL CENTER PO BOX 1218		1970 HOSPIT	AL DR	1000		09/14/2010 NET 30 DA)
CLARKSDALE MS 38614-	1218	CLARKSDALE	MS 38614-7	7202		PAYABLE I		URRENCY.
			Visit	: www.f	ishersci.co	om		
DESCRIPTION	N ,	CATAI			NTITY IPPED	UNIT P	RICE	AMQUNT
		NUMB	ER	SH	IPPED			
CALLER-YATASHA MUSKIN PHONE-662-624-3453								
	THE CALL	00/14/2019				1		
SHIPMENT NBR: 003	FROM: VND ON	08/14/2018				1	- 1	
ORDER SABOURAUD DEX AGAR SLT 1	ED PART # BB21012	BB21012			3 PK		6.07	18.21
SABOURAUD DEN AGAR SUI 1	VID/IX							
						1		18.21
MERCHANDISE SUBTOTAL	CP.						1	14.00
DIRECT SHIP TRANS CHAR	GB.							32.21
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION	OUR COMPANY DOES	NOT ACCEPT	CREDIT CAR	D NUMBER	RS VIA FAX	OR EMAIL	1	
100 100 100 100 100 100 100 100 100 100	norman originamen ori	WICE EVERDIN	ENCE BY COM	PLETING	A SHORT SU	RVEY. TH	HIS SHOU	LD TAKE NO LONGER
TELL US ABOUT YOUR R THAN THREE MINUTES. http://survey.medall	ENTER THE LINK IN	O YOUR BROWS PASSCODE: US	DELL THAT DIELT	ER THE	PASSCODE SI	. NWCH		
E-INVOICE @HTTPS://WWW	.E-SCICOM.COM/THER	MOFISHER/REG	GISTER.ASPX			İ		
						1		
		1		1		1		: -
		1						
						1		
								1
See reverse side for co	mplete terms and c	onditions or	visit http	://www.fis	hersci.com/wp	s/portal/CMS	TATIC?href	Footer/tandcsale.isp
	TEOR EO & BINNE	CHAPCE THIS	SHIPMENT !	WAS DEL	VERED IN F	PERFECT CC	NOTITON	
GOODS TO CARRIER. DO NOT	ACCEPT SHIPMENI S	HOWING EVIDE	NSPORTATIO	N RECEII	PT. WITHOU	JT THIS		
DOCUMENTARY EVIDENCE CLAIR	M CANNOT BE FILED.	SELLER CER	DI ICARI F R	FOLLREM	ENTS OF SEC	CTIONS 6,7		2
OF THE EATH LARGE STANDAR	DS ACIS OF 1938. A	S AMENDED, F	AND OF THE	KEGOLILI	IONS AND OF	RDERS OF T	ГНЕ	
UNITED STATES DEPARTMENT	OF LABOR ISSUED UN	DER SECTION	14 THEREOF					

Case 3:18-bk-05665 Claim 211-1 Filed 01/17/19 Desc Main Document Page 38 of

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION. THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME

PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

CMS 6008690004 Fisher HealthCare	REMIT TO: ACCT# 600869- P.O. BOX 4047	001	QUIRE AT: 11450 HOUSTO	COMPAQ) 640-0640 CENTER WEST	FEIN	N-S-00-4 23-2942 INAL IN	
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070					THIS INVOICE
CUSTOMER PURCHASE ORDER NUM	MBER - RELEASE N	UMBER			INV DATE			
49-6787382					08/15/2018		68946	DUPLICATE
ORDER NO. U82279591	ACCOUNT NO. 600869-001	CSO CHU	F.O.I DESTINAT	ION	ORDER ENTR 08/15/	Y DATE 2018	PAGE 1	
SOLD TO:		SHIP	TO:		IN	JOICE TYPI		
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI R MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-12		RECEIVING / NORTHWEST N MEDICAL CEN 1970 HOSPIT CLARKSDALE	MI REGIONAI NTER MAL DR		TERMS:	9/14/2018 NET 30 DA AYABLE IN	YS	NT
			Visi	t: www	.fishersci.com	m		
DESCRIPTION		CATA NUMI			QUANTITY SHIPPED	UNIT PF	RICE	TRUOMA
CALLER-TASHA MUSKIN PHONE-662-624-3453					13			
	FROM: SED ON							
ORDERED MCRTN LTH HP MCRGD CL 50/P	PART # 22225540 K RX LOT	13 680 62 806665N			10 PK	19	9.60	196.00
MICRIN WGARD CLSE N/ADD50/		02 675 184			1 PK	1	8.78	18.78
RUSH SHPMT AUTHORIZATION	LOT TASHA MUSKIN	8058772						
SHIPMENT NBR: 002	FROM: CDC ON	08/15/2018						005 07
MTS DILUENT 2 PLUS 5 X 100 RUSH SHPMT AUTHORIZATION	LOT	OKMTS9330 MDP163	Х		1 EA	22	5.27	225.27
SHIPMENT NBR: 003	FROM: CDC ON	08/15/2018						
MTS ID-TIPS-RACKED 1152/PM RUSH SHPMT AUTHORIZATION	LOT	OKMTS9633 353258			2 PK	13	6.46	272.92
MERCHANDISE SUBTOTAL SHIPPING LEVEL I INTEGRITY PACKIN	NG FEE							712.97 142.32 12.00
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,	OUR COMPANY DOE	S NOT ACCEP	CREDIT CA	RD NUM	MBERS VIA FAX	OR EMAIL		867.29
(X) THERE IS A ONE TIME								
TELL US ABOUT YOUR REATHAN THREE MINUTES. EN http://survey.medallia	NTER THE LINK IN	TO YOUR BROW	VSER AND EL	LIEK II	ING A SHORT SU HE PASSCODE SH	RVEY. TH	IIS SHOU	LD TAKE NO LOI
E-INVOICE @HTTPS://WWW.1	E-SCICOM.COM/THE	MOFISHER/R	EGISTER.AS	×x				
See reverse side for comp	lete terms and o	onditions o	r visit <u>ptt</u>	D://www.	fishersci.com/wps/	portal/CMST/	ATIC?hcef=	Footer/tandcsale.i
AST DUE BALANCES ARE SUBJECT	TOOL COLIND GIRD			-		DEFOR COL	TOTELON	T

CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

THE PRICES SHOWN ON THIS INVOICE ARE NET OF DISCOUNTS PROVIDED AT THE TIME OF PURCHASE. SOME PRODUCTS MAY BE SUBJECT TO ADDITIONAL DISCOUNTS AGREED UPON BETWEEN THE PARTIES.

Case 3:18-bk-05665 Claim 211-1 Filed 01/17/19 Desc Main Document Page 39 of

	REMIT TO:	TNO	JIRE AT: /22				20.1510
Fisher HealthCare	ACCT# 600869-001		(80	0) 640-0640 Q CENTER WEST	FEIN	N-S-00-4 I 23-2942 SINAL INV	737
Part of Thermo Fisher Scientific	P.O. BOX 404705 ATLANTA	GA	77070		PLEASE	REFER TO	THIS INVOICE
CUSTOMER PURCHASE ORDER NU	30384-4705 MBER - RELEASE NUME	3ER		INV DATE	NUMBE	R ON YOU.	R REMITTANCE
749-6785673	5000	156476459		08/16/2018	<u> </u>	733206	
ORDER NO. U82253912	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION	ORDER ENTR	Y DATE 2018	PAGE 1	DUPLICATE
SOLD TO:		SHIP T	°O:	IN	VOICE TYP		
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI R MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-12	MI 1:	ORTHWEST MI EDICAL CENT 970 HOSPITA LARKSDALE N	TER AL DR MS 38614-7202	TERMS:	09/15/2010 NET 30 D	AYS	ī, L
		03.773.T		w.fishersci.co	UNIT P	RICE	AMOUNT
DESCRIPTION		CATAL NUMBI	20.70	QUANTITY SHIPPED	ONII P	C. C. C. II	711VVIII
	O PART # NC0107952 NC ARGES OUR COMPANY DOES N CENT CUSTOMER SERVI NTER THE LINK INTO a.com/fishersci PA	CE EXPERIE YOUR BROWS ASSCODE: US	NCE BY COMPLET ER AND ENTER T A-PGH-CS2	ING A SHORT SU	OR EMAIL RVEY. TF	9.75	29.75 28.06 8.00 65.81 D TAKE NO LONGE
See reverse side for comp	elete terms and cond	ditions or	visit http://www	v.fishersci.com/wps	/portal/CMST	ATIC?href=F	ooter/tandcsale.isp

PAST DUE BALANCES ARE SUBJECT TO A FINANCE CHARGE. THIS SHIPMENT WAS DELIVERED IN PERFECT CONDITION AND SIGNED FOR BY THE TRANSPORTATION COMPANY. CONSIGNORS RESPONSIBILITY CBASES UPON DELIVERY OF GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

CMS 6008690004	REMIT TO:	INQ		(800) 640-0640	D-U-N-S-00	
Fisher HealthCare	ACCT# 600869-001 P.O. BOX 404705		HOUSTON T	MPAQ CENTER WEST	FEIN 23-29 ORIGINAL I	NVOICE
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070			TO THIS INVOICE OUR REMITTANCE
CUSTOMER PURCHASE ORDER NUM	BER - RELEASE NUMB	ER		INV DATE		122
749-6765737		52376939		08/17/2018 ORDER ENTR	8146 Y DATE PAGE	DUPLICATE
ORDER NO. D82283148	ACCOUNT NO. 600869-001	CSO CHU	pestination	N 08/16/	2018 1	
SOLD TO: ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI RI MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-12	ME 19	DICAL CENT	I REGIONAL TER AL DR MS 38614-72	DUE: 0 02 TERMS:	THIS PART SHIP 09/16/2018 NET 30 DAYS PAYABLE IN U.S.	MENT
			Visit:	www.fishersci.co	m	
DESCRIPTION		CATAI NUMB		QUANTITY SHIPPED	UNIT PRICE	AMOUNT .
CALLER-TASHA MUSKIN PHONE-662-624-3453 SHIPMENT NBR: 001	1 12 20 10 10 10 10 10 10 10 10 10 10 10 10 10	3/17/2018		1 CS	25.50	25.50
COVER GLASSES NO 2 22MM 10	LOT 189	540B 922				
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION,			1			25.50
TELL US ABOUT YOUR REC THAN THREE MINUTES. EN http://survey.medallia	TER THE LINK INTO	YOUR BROWS	ENCE BY COMPI SER AND ENTER SA-PGH-CS2	LETING A SHORT SU R THE PASSCODE SH		LD TAKE NO LONGI
E-INVOICE @HTTPS://WWW.E	-SCICOM.COM/THEEMO!	FISHER/REC	GISTER.ASPX			
See reverse side for comp	lete terms and cond	litions or	visit http://	/www.fishersci.com/wps	/portal/CMSTATIC?hre	f=Footer/tandcsale_isp
PAST DUE BALANCES ARE SUBJECT AND SIGNED FOR BY THE TRANSI	TO TO A PINANCE CHA	RGE THIS	SHIPMENT WA	S DELIVERED IN PI	ERFECT CONDITION	1

GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

CMS 6008690004 F) Fisher HealthCare	REMIT TO: ACCT# 600869-001 P.O. BOX 404705	INQ	JIRE AT: 11450 CC HOUSTON	QAGMC	640-0640 CENTER WEST	FEIN	N-S-00-4 1 23-2942 INAL INV	737 OICE
Part of Thermo Fisher Scientific	ATLANTA 30384-4705	GA	77070			PLEASE NUMBE	REFER TO	THIS INVOICE R REMITTANCE
CUSTOMER PURCHASE ORDER N	UMBER - RELEASE NUMB	ER			INV DATE			
49-6789977	5001	57392557			08/21/2018		922703	DUPLICATE
ORDER NO. U82339413	ACCOUNT NO. 600869-001	CSO CHU	F.O.B. DESTINATION		ORDER ENTR	2018	PAGE 1	
SOLD TO:		SHIP	0:		INV	OICE TYP	E: NO	
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-1	ME 19	DICAL CEN		202	TERMS:	9/20/201 NET 30 D AYABLE I	PARTIA SHIPME 8 AYS	NT L
			Visit	: www.	fishersci.com	m		
	*	CATAI			UANTITY	UNIT P	RICE	AMOUNT
DESCRIPTION	N	NUMB	2.53		SHIPPED			
SHIPMENT NBR: 001 ORDERI LIQ STUARTS SINGLE SWAB !	ED PART # 1490585 50/PK 14	905 85 05A			8 PK	1	.8.09	144.72 144.72
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION	, OUR COMPANY DOES N	OT ACCEPT	CREDIT CAR	D NUM	BERS VIA FAX	DR EMAIL		
TELL US ABOUT YOUR R THAN THREE MINUTES. http://survey.medall E-INVOICE @HTTPS://WWW	ia.com/fishersci PA	SSCODE: U	SA-PGH-CS2		NG A SHORT SU E PASSCODE SH	RVEY. T	HIS SHOU	LD TAKE NO LON
See reverse side for co		dirions o	r visit btto)://www.	fishersci.com/wps	s/portal/CMS	STATIC?bref	-Footer/tandcsale.
			The A The Party of The Party					

GOODS TO CARRIER. DO NOT ACCEPT SHIPMENT SHOWING EVIDENCE OF DAMAGE OR SHORTAGE UNTIL AGENT OF CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS CARRIER ENDORSES NOTATION TO THIS EFFECT ON FACE OF TRANSPORTATION RECEIPT. WITHOUT THIS DOCUMENTARY EVIDENCE CLAIM CANNOT BE FILED. SELLER CERTIFIES THAT ALL GOODS (OR SERVICES) COVERED BY THIS INVOICE WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6,7, AND 12 OF THE FAIR LABOR STANDARDS ACTS OF 1938, AS AMENDED, AND OF THE REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 THEREOF.

NO CREDIT WILL BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR AUTHORIZATION.

6008690004 Fisher HealthCare	REMIT TO: ACCT# 600869-00	1		(800) 640-0640 OMPAQ CENTER WEST	D-U-N-S-00-4 FEIN 23-2942 ORIGINAL IN	2737
Part of Thermo Fisher Scientific	P.O. BOX 44705 ATLANTA 30384-4705	GA	HOUSTON 77070		PLEASE REFER TO NUMBER ON YOU	O THIS INVOICE
CUSTOMER PURCHASE ORDER NU				INV DATE	96305	51
749-6790327		0157470945 CSO	F.O.B.	08/22/2018 ORDER ENTE	RY DATE PAGE	DUPLICATE
ORDER NO. UB2330949	ACCOUNT NO. 600869-001	CHU	DESTINATI	ON 08/21/	/2018	R FON CON
SOLD TO:		SHIP T	0:	IN	THIS I	S A T
ACCOUNTS PAYABLE NORTHWEST MISSISSIPPI F MEDICAL CENTER PO BOX 1218 CLARKSDALE MS 38614-12	M D	NORTHWEST MI MEDICAL CENT 1970 HOSPITA CLARKSDALE M	TER AL DR	202 TERMS:	PARTIA SHIPME 09/21/2018 NET 30 DAYS PAYABLE IN U.S. C	NT L
			Visit	: www.fishersci.co		AMOUNT
DESCRIPTION		CATAL NUMBI		QUANTITY SHIPPED	UNIT PRICE	AMOUNT
CALLER-YATASHA MUSKIN PHONE-662-624-3453						
SHIPMENT NBR: 002	FROM: CDC ON:	08/22/2018				
QUICKVUE RSV 20/PK		3 038 089 03943	*	2 PK	185.66	371.32
TOTAL INVOICE AMOUNT FOR YOUR PROTECTION, (*) FOR YOUR REFERENCE, UNDER SEPARATE COVER	- Programme and the second		W WHOCH TO	EME BOD WHICH MSDS	S(S) WILL BE PROV	371.32 IDED NEEDED.
TELL US ABOUT YOUR RE THAN THREE MINUTES. E http://survey.medalli E-INVOICE @HTTPS://WWW.	CENT CUSTOMER SERV NTER THE LINK INTO a.com/fishersci F	VICE EXPERIE O YOUR BROWS PASSCODE: US	ENCE BY COM SER AND ENT SA-PGH-CS2	PLETING A SHORT SI ER THE PASSCODE SI	URVEY. THIS SHOU	LD TAKE NO LONGE
					transfer of the second	
See reverse side for com	-7-10 +	ndirions or	visit http	//www.fishersci.com/wp	s/portal/CMSTATIC?href	=Footer/tandcsale.isp
PAST DUE BALANCES ARE SUBJI AND SIGNED FOR BY THE TRAN- GOODS TO CARRIER. DO NOT CARRIER ENDORSES NOTATION DOCUMENTARY EVIDENCE CLAIM BY THIS INVOICE WERE PRODU OF THE FAIR LABOR STANDARD	ECT TO A FINANCE C SPORTATION COMPANY ACCEPT SHIPMENT SH TO THIS EFFECT ON CANNOT BE FILED. CED IN COMPLIANCE S ACTS OF 1938, AS F LABOR ISSUED UND	HARGE. THIS CONSIGNOR OWING EVIDE FACE OF TRA SELLER CER WITH ALL AP AMENDED, A DER SECTION CHANDISE RE	SHIPMENT SRESPONSI NCE OF DAM MNSPORTATIO KTIFIES THA PPLICABLE R AND OF THE 14 THEREOF TURNED WITE PROVIDED AT	WAS DELIVERED IN I BILITY CEASES UPON AGE OR SHORTAGE UI A RECEIPT. WITHOUT ALL GOODS (OR SI EQUIREMENTS OF SEI REGULATIONS AND OF HOUT PRIOR AUTHORI THE TIME OF PURC	N DELIVERY OF NTIL AGENT OF UT THIS ERVICES) COVERED CTIONS 6,7, AND 1 RDERS OF THE	

Case 3:18-bk-05665 Claim 211-1 Filed 01/17/19 Desc Main Document Page 43 of

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: (6823846) Claim No: 211 Status:
FISHER SCIENTIFIC CO LLC Original Filed Filed by: CR
(ADMINISTRATIVE) Date: 01/17/2019 Entered by: Intake2
300 INDUSTRY DRIVE Original Entered Modified:

Admin claimed: \$23687.39

History:

<u>Details</u> <u>211-</u> 01/17/2019 Claim #211 filed by FISHER SCIENTIFIC CO LLC, Admin claimed: \$23687.39

(Intake2)

Description: (211-1) 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	\$23687.39	