Fill in this information to ide	entify the case:
Debtor 1 Curae Health Inc.	
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court M	IDDLE DISTRICT OF TENNESSEE
Case number: 18-05665	

FILED

U.S. Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE

1/17/2019

MATTHEW T. LOUGHNEY, Clerk

Official Form 410
Proof of Claim

04/16

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

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

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

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

Part 1: Identify the Clair	n	
1.Who is the current creditor?	Philips Healthcare	
	Name of the current creditor (the person or entity to be paid f	for this claim)
	Other names the creditor used with the debtor	
2.Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom?	_
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
and payments to the creditor be sent?	Philips Healthcare	
Bankruptcy Procedure (FRBP) 2002(g)	Name	Name
	c/o Bruce J. Borrus Fox Rothschild LLP 1001 4th Ave. Suite 4500 Seattle, WA 98154	
	Contact phone206-624-3600	Contact phone
	Contact email bborrus@foxrothschild.com	Contact email
	Uniform claim identifier for electronic payments in chapter 1	13 (if you use one):
4.Does this claim amend one already filed?	✓ No☐ Yes. Claim number on court claims registry (if known	Filed on
		MM / DD / YYYY
5.Do you know if anyone else has filed a proof of claim for this claim?	✓ No☐ Yes. Who made the earlier filing?	

Do you have any number you use to identify the debtor?	☑	No Yes. Last 4 digits of the debtor's acc	ount or any number you use	to identify the	debtor:	9610
'.How much is the claim?	\$	Z	oes this amount includ			•
		Ц	Yes. Attach statement other charges required	itemizing in I by Bankrup	terest, fees, otcy Rule 30	, expenses, or 001(c)(2)(A).
B.What is the basis of the claim?	dea Bar Lim	mples: Goods sold, money loa th, or credit card. Attach redact kruptcy Rule 3001(c). it disclosing information that is	ted copies of any docun	nents suppo	rting the cla	nim required by
	Me	dical equipment, goods, and se	ervices. See attached in	voices.		
9. Is all or part of the claim secured?	Y	Yes. The claim is secured by a Nature of property: ☐ Real estate. If the claim	lien on property. is secured by the debto aim Attachment (Official			
		Basis for perfection:				
		Attach redacted copies of docinterest (for example, a morto document that shows the lien	gage, lien, certificate of	title, financir	of perfections of statemer	on of a security nt, or other
		Value of property:	\$		_	
		Amount of the claim that is secured:	\$			
		Amount of the claim that is unsecured:	\$		ùnsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to cure date of the petition:	any default as of the	\$		
		Annual Interest Rate (when	case was filed)		%	
		☐ Fixed ☐ Variable				
0.Is this claim based on a lease?		No Yes. Amount necessary to	cure any default as of	the date of	the petitio	n.\$
1.Is this claim subject to a right of setoff?	V	No Yes. Identify the property:				

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	Y	No Yes. Check all that	t apply:	Amount entitled to priority
A claim may be partly priority and partly		☐ Domestic suppor under 11 U.S.C.	t obligations (including alimony and child support) $\S 507(a)(1)(A)$ or $(a)(1)(B)$.	\$
nonpriority. For exampl in some categories, the law limits the amount entitled to priority.	e, :	☐ Up to \$2,850* of property or service U.S.C. § 507(a)(7)	deposits toward purchase, lease, or rental of ces for personal, family, or household use. 11	\$
critiled to priority.		☐ Wages, salaries, 180 days before	or commissions (up to \$12,850*) earned within the bankruptcy petition is filed or the debtor's hichever is earlier. 11 U.S.C. § 507(a)(4).	\$
			es owed to governmental units. 11 U.S.C. §	\$
		☐ Contributions to a	an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		☐ Other. Specify su	ubsection of 11 U.S.C. § 507(a)(_) that applies	\$
		* Amounts are subject to of adjustment.	adjustment on 4/01/19 and every 3 years after that for case	es begun on or after the date
Part 3: Sign Below				
The person completing this proof of claim must	Che	ck the appropriate bo	ox:	
sign and date it. FRBP 9011(b).	V	I am the creditor.		
If you file this claim electronically, FRBP			ttorney or authorized agent.	D 1 0004
9011(b). If you file this claim			the debtor, or their authorized agent. Bankruptcy Pul	
to establish local rules		•	rety, endorser, or other codebtor. Bankruptcy Rul	
	the a	ierstand that an authorize imount of the claim, the ci	d signature on this Proof of Claim serves as an acknowledg reditor gave the debtor credit for any payments received tow	ment that when calculating rard the debt.
specifying what a signature is. A person who files a		e examined the information	on in this Proof of Claim and have a reasonable belief that the	ne information is true
to establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.			ury that the foregoing is true and correct.	
18 U.S.C. §§ 152, 157 and 3571.	Exe	cuted on date	1/17/2019	
			MM / DD / YYYY	
	/s/ (Christopher Edgerton		
	Sign	ature		
	Prin	t the name of the per	son who is completing and signing this claim:	
	Nan	ne	Christopher Edgerton	
	Title)	First name Middle name Last name Senior Credit Risk Manager	
	Con	mpany	Philips Global Business Services, North America	
	Add	Iress	Identify the corporate servicer as the company if the au 511 Union Street, Suite 900	uthorized agent is a servicer
			Number Street Nashville, TN 37219	
	Cor	ntact phone	City State ZIP Code Email	

Official Form 410 Proof of Claim page 3

94049610 Curae Health Inc d/b/a Northwest Mississippi Medic

Invoices

937211205	\$ 684.00
937202380	\$ 348.00
937135724	\$ 84.68
937107828	\$ 332.88
936863484	\$ 42.34
936785480	\$ 332.88
936713563	\$ 1,084.08
936674131	\$ 518.32
936650316	\$ 326.31
936612173	\$ 718.61
936590804	\$ 308.79
936505521	\$ 1,068.00
936464571	\$ 332.88
936382271	\$ 444.68
000001010	\$ 338.72



Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355

Ship to: 9

94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Sold to:

94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES Issue Date 03/09/2018

Due Date

04/08/2018

Invoice number 936267371

Order Date 03/05/2018

Order number 6304193877 Page 1/3

Purchase Order Number:

749-6683170

Payment terms:

Net 30 Days

REPRINT

Contact Person:

Josue M 1-800-456-9756

Invoice to:

Attn: Accounts Payable

Merit Health Northwest Mississippi PO Box 1218

CLARKSDALE MS 38614-1218 UNITED STATES

Customer Number 94068305

ACH/EFT funds to:

Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.ir

Federal EIN: 13-3429115

Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept. Special Comments

Shipping Terms:

FOB DESTINATION

Unit Amt Total amount Item Article - / type number / description Qty Unit (USD) (USD) 0220 989803137631 Fetal Spiral Electrode BX 116.00 464.00 989803137631 Agreement Discount -27.00 % -125.28Net Value Not Including Freight 338.72

Bill of Lading: 081024313334404

Ship Date : Route :

Carrier:

FEDEX

Commodity code : Agreement #: 9018119000 GTLHT00039

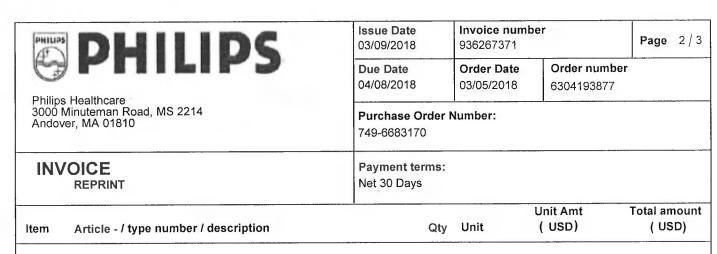
Total Gross Value

464.00

Discount Amount

-125.28

Net Value



Total 338.72



Issue Date Invo

Invoice number 936267371

Order number

Due Date 04/08/2018

Order Date 03/05/2018

6304193877

Purchase Order Number:

749-6683170

INVOICE REPRINT Payment terms:

Net 30 Days

Net 50 Days

Item Article - / type number / description

Qty Unit

Unit Amt

Total amount

Page 3/3

(USD) (USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:

These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.



Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355

Ship to:

94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Sold to:

94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES **Issue Date** 03/29/2018

Invoice number

936382271

Order Date 03/26/2018

Order number 6304247035

Purchase Order Number:

749-6698475

Due Date

04/28/2018

Payment terms:

Net 30 Days

INVOICE REPRINT

nto at Dava and

Contact Person:

Josue M 1-800-456-9756

Invoice to:

Attn : Accounts Payable

Merit Health Northwest Mississippi

PO Box 1218 CLARKSDALE MS 38614-1218

UNITED STATES

Customer Number

Page 1/3

94068305

ACH/EFT funds to:

Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.ir

Email notification to cashmgmt.inquiries@Philips.com
Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.

Special Comments

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

m Ar	rticle - / type nu	ımber / description	Qty	Unit	Unit Amt (USD)	Total amount (USD)
	89803138171 89803138171	Defibrillator Chemical/Thermal Paper	2	вх	58.00	116.00
		Agreement Discount			-27.00 %	-31.3
		Net Value Not Including Freight				84.6
		Bill of Lading: 081024313419477				
		Ship Date : Route :				
		Carrier; FEDEX				
		Commodity code: 4811909030 Agreement #: GTLHT00039				
0240 M	//3713A 989803107781	HeartStart Adult/Child Plus Pads	1	CAS	290.00	290.0
		HeartStart Adult/Child Plus Pads				
		Adult pads for emergency use. Multi- function, defribrillation,pacing cardio- version and monitoring.10 pads/per case.				



Issue Date 03/29/2018 Invoice number 936382271

Page 2/3

Due Date 04/28/2018

Order Date 03/26/2018

Order number 6304247035

Purchase Order Number:

749-6698475

INVOICE REPRINT Payment terms:

Net 30 Days

em Article - / ty	pe number / description	Qty Unit	Unit Amt (USD)	Total amount (USD)
	Optimized for ACLS responders.			
	Agreement Discount		-40.00 %	-116.0
	Net Value Not Including Freight			174.0
	Bill of Lading: 081024313419477			
	Ship Date : Route :			
	Carrier: FEDEX			
	Commodity code: 9018907580 Agreement #: GTLHT00039			
0250 M3717A 989803107	HeartStart Infant Plus Pads 821	2 BX	155.00	310.0
	HeartStart Infant Plus Pads			
	Multi-function, defibrillation, pacing cardioversion and monitoring. 5 pads pairs per case.			
	Agreement Discount		-40.00 %	-124.0
	Net Value Not Including Freight			186.0
	Bill of Lading: 081024313419477			
	Ship Date : Route :			
	Carrier: FEDEX			
	Commodity code: 9018907580 Agreement #: GTLHT00039			
			Total Gross Value	716.0
			Discount Amount	-271.3
			Net Value	444.6
			Total	444.6



Issue Date Invoice number 03/29/2018 936382271

 Due Date
 Order Date

 04/28/2018
 03/26/2018

Order number 6304247035

Purchase Order Number:

749-6698475

INVOICE REPRINT

Item

Payment terms:

Net 30 Days

Article - / type number / description

Unit Amt

Total amount (USD)

Page 3/3

Qty Unit (USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:

These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.



Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355

Ship to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

94049610 Sold to:

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 **UNITED STATES**

Issue Date 04/12/2018

Invoice number 936464571

Order Date 04/09/2018

Order number 6304272523

Purchase Order Number:

749-6708244

Due Date

05/12/2018

Payment terms: Net 30 Days

INVOICE REPRINT

Contact Person: Josue M 1-800-456-9756

Invoice to:

Attn: Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES

Customer Number

Page 1/3

94068305

ACH/EFT funds to:

Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept. **Special Comments**

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

Unit Amt Total amount Qty Unit (USD) (USD) Article - / type number / description Item 0260 13943B Solid Gel Tab Electrode, Resting ECG 6 CAS 76.00 456.00 989803100441 -27.00 % -123.12Agreement Discount Net Value Not Including Freight 332.88 Bill of Lading: 081024313477583 Ship Date: Route: Carrier: **FEDEX** 9018119000 Commodity code: Agreement #: GTLHT00039

Total Gross Value

456.00

Discount Amount

-123.12

Net Value



Article - / type number / description

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810

Issue Date 04/12/2018 Invoice number 936464571

Page 2/3

Due Date 05/12/2018 **Order Date** 04/09/2018

Order number 6304272523

Purchase Order Number:

749-6708244

INVOICE REPRINT

Item

Payment terms:

Net 30 Days

Qty Unit

Total amount (USD)

Total

Unit Amt

(USD)



Issue Date | Invoice number | 04/12/2018 | 936464571

 Due Date
 Order Date

 05/12/2018
 04/09/2018

Order number 6304272523 Page 3/3

Purchase Order Number:

749-6708244

INVOICE REPRINT Payment terms:

Net 30 Days

Item Article - / type number / description

Qty Unit

Unit Amt Total amount (USD) (USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:
These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.



Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355

Ship to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Sold to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES
 Due Date
 Order Date

 05/19/2018
 04/16/2018

Order number 6304285574

Purchase Order Number:

749-6713529

Payment terms: Net 30 Days

INVOICE REPRINT

Contact Person:

Josue M 1-800-456-9756

Invoice to:

Attn : Accounts Payable
Merit Health Northwest Mississippi
PO Box 1218
CLARKSDALE MS 38614-1218
UNITED STATES

Customer Number 94068305

Page 1/3

ACH/EFT funds to:

Bank of America
1850 Gateway Blvd
ABA Number 111000012
Account 3750202223
Concord, CA 94520-3282
Email notification to cashmgmt.inquiries@Philips.com
Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.

Special Comments

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

Unit Amt Total amount Item Article -/ type number / description Qty Unit (USD) (USD) 0270 M3713A HeartStart Adult/Child Plus Pads CAS 290.00 1,160.00 989803107781 HeartStart Adult/Child Plus Pads Adult pads for emergency use. Multifunction, defribrillation, pacing cardioversion and monitoring. 10 pads/per case. Optimized for ACLS responders. Agreement Discount -40.00 % -464.00 Net Value Not Including Freight 696.00 Bill of Lading: 081024313507426 Ship Date: Route:

Carrier: FEDEX

Commodity code:

9018907580



Issue Date Invo 04/19/2018 9365

Invoice number 936505521

Order Date 04/16/2018

Order number 6304285574

Page 2/3

Purchase Order Number:

749-6713529

Due Date

05/19/2018

INVOICE REPRINT Payment terms:

Net 30 Days

m A	rticle -/ type nu	ımber / description	1	Qty	Unit	Unit Amt (USD)	Total amoun
		Agreement #:	GTLHT000)39			
	M3717A 989803107821	HeartStart Infant F	Plus Pads	4	ВХ	155.00	620.0
		HeartStart Infant P	Plus Pads				
		Multi-function, defi cardioversion and pairs per case.	brillation, pacing monitoring. 5 pa	g ads			
		Agreement Discou	int			-40.00 %	-248.
		Net Value Not Inc	luding Freight				372.
		Bill of Lading: 0810	024313507426				
		Ship Date : Route :					
		Carrier: FED	EX				
		Commodity code : Agreement #:	90189075 GTLHT00				
						Total Gross Value	1,780.
						Discount Amount	-712.
						Net Value	1,068.
						Total	1,068.



Issue Date Invoice number 04/19/2018 936505521

Due Date **Order Date**

Qty Unit

04/16/2018

Order number 6304285574

Page 3/3

Purchase Order Number:

749-6713529

05/19/2018

INVOICE REPRINT Payment terms:

Net 30 Days

Unit Amt Total amount (USD) (USD)

Article - / type number / description Item

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document: These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

PHILIPS
Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355

Andover, MA 01810
Remit To Address
Philips Healthcare
PO Box 100355
Atlanta, GA 30384-0355

Ship to: 94049610 Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 **UNITED STATES**

94049610

Sold to:

Invoice number **Issue Date** 936590804 Page 1/3 05/03/2018 Order number **Order Date Due Date** 06/02/2018 04/27/2018 6304308953

Purchase Order Number: 749-6721962

Payment terms: Net 30 Days

INVOICE REPRINT

Contact Person: Josue M 1-800-456-9756

Invoice to: Attn: Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218

Customer Number 94068305

ACH/EFT funds to:

Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept. **Special Comments**

UNITED STATES

Shipping Terms: FOB DESTINATION Federal EIN: 13-3429115 **Unit Amt** Total amount Qty Unit (USD) (USD) Article - / type number / description Item SMART CAPNOLINE plus, ADULT, intermed 1 BX 423.00 423.00 0290 M2526A 989803129781 1 ST = 1 Case of 25 Non-Intubated, Single Purpose Circuits. 25 Smart Capnolines per case. For use on adult patients >55kg. Agreement Discount -27.00 % -114.21 308.79 Net Value Not Including Freight

Bill of Lading: 081024313570116

Ship Date: Route:

Carrier: FEDEX

Commodity code: Agreement #:

3917330000 GTLHT00039



Article - / type number / description

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Issue Date 05/03/2018

Invoice number 936590804

Page 2/3

Due Date 06/02/2018

Order Date 04/27/2018

Order number 6304308953

Purchase Order Number:

749-6721962

INVOICE REPRINT

Item

Payment terms:

Net 30 Days

Qty Unit (USD)

Total amount (USD)

Total Gross Value

Unit Amt

423.00

Discount Amount

-114.21

Net Value

308.79

Total



Issue Date Invoice number 05/03/2018 936590804

 Due Date
 Order Date

 06/02/2018
 04/27/2018

Order number 6304308953

Purchase Order Number:

749-6721962

INVOICE REPRINT Payment terms: Net 30 Days

Unit Amt

Total amount

Page 3/3

Item Article - / type number / description

Qty Unit

(USD)

(USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document: These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

	Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355
	Atlanta, GA 30384-0355
i	Ship to: 94049610
	Curao Hoalth Inc d/b/a Northwest

Curae Health Inc d/b/a Northwest Mississippi Medical Center PO 749-6706810 / Rcvg 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES Sold to: 94068305

Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES
 Issue Date
 Invoice number

 05/08/2018
 936612173

Order Date 05/07/2018 Order number 6304323260

Purchase Order Number: 749-6706810

Payment terms: Net 30 Days

Due Date

06/07/2018

INVOICE REPRINT

Contact Person: Josue M 1-800-456-9756

Invoice to:
Attn : Accounts Payable
Merit Health Northwest Mississippi
PO Box 1218
CLARKSDALE MS 38614-1218
UNITED STATES

Customer Number 94068305

Page 1/3

ACH/EFT funds to:
Bank of America
1850 Gateway Blvd
ABA Number 111000012
Account 375020223
Copport CA 94520 3382

Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept. Special Comments

Shipping Terms:

Qty Unit

Item Article - / type number / description

Federal EIN: 13-3429115

989803129751

0300 M2522A

460.00

FOB DESTINATION

Unit Amt

(USD)

920.00

Total amount

(USD)

1 ST = 1 Case of 25

Non-Intubated, dual Purpose Circuits. 25 Smart Capnolines per case. For use on adult patients >55kg.

SMART CAPNOLINE O2 plus, ADULT, intermed 2 SET

Agreement Discount

*-*27.00 %

-248.40

Net Value Not Including Freight

671.60

Bill of Lading: 780853935620

Ship Date : Route :

Carrier:

FEDEX

Commodity code : Agreement #:

9018199560 GTLHT00039



Article - / type number / description

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Issue Date 05/08/2018

Invoice number 936612173

Page 2/3

Due Date 06/07/2018

Order Date 05/07/2018

Order number 6304323260

Purchase Order Number:

Qty

Unit

749-6706810

INVOICE REPRINT

Item

Payment terms: Net 30 Days

(USD)

Total amount

Total Gross Value
Discount Amount

Unit Amt

(USD)

920.00 -248.40

Net Value

671.60

Total tax

47.01

Total



Issue Date 05/08/2018 Invoice number 936612173

Page 3/3

Due Date 06/07/2018

Order Date 05/07/2018

Order number 6304323260

Purchase Order Number:

749-6706810

INVOICE REPRINT Payment terms: Net 30 Days

Unit Amt

Total amount

Item

Article - / type number / description

Qty Unit

(USD)

(USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:

These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

PHILIPS DL	ILIPS	1ssue Date 05/15/2018	9366503			Page	1/3
Philips Healthcare	ILIPS	Due Date 06/14/2018	Order Da 05/10/20		Order numb		
3000 Minuteman Road, Mandover, MA 01810 Remit To Address Philips Healthcare	MS 2214	Purchase Ord 749-6730283	er Number:			11.70	
PO Box 100355 Atlanta, GA 30384-0355		Payment term Net 30 Days	s:				
Ship to: 94049610 Curae Health Inc d/b/a N Mississippi Medical Cent		INVOICE REPRIN	NT				
1970 Hospital Dr CLARKSDALE MS 3861 UNITED STATES		Josue M 1-800					
Sold to: 94049610		Invoice to:					
Curae Health Inc d/b/a N Mississippi Medical Cent		Attn : Accounts Merit Health No	•	ssippi			
1970 Hospital Dr CLARKSDALE MS 3861 UNITED STATES		PO Box 1218 CLARKSDALE UNITED STAT		218		Customer I 94068305	Numb
ACH/EFT funds to:		Special Comm	nents				
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282	2 nmgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgm		-	B DEST	INATION		
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425)	2 Imgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgm	om t Dept. Shipping Tern	ns: FO	Unit	Amt	Total an	
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425)	2 nmgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgm	om t Dept. Shipping Tern	-		Amt	Total an (US	
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425)	2 Imgmt.inquiries@Philips.co 482-8856 Attn: Cash Mgm 15 Impumber / description FilterLine H Set Adult/Po	Shipping Tern Q	ns: FO	Unit (US	Amt	(US	
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	2 amgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgm 15 umber / description FilterLine H Set Adult/Pe 1 PCE = 1 Case of 25 se 25 sets per case. Each	Shipping Tern Q edi ets set includes one M1926A fi	ns: FO ty Unit 1 CAS	Unit (Us	Amt SD)	(US	SD)
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	2 amgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgm 15 umber / description FilterLine H Set Adult/Pe 1 PCE = 1 Case of 25 se 25 sets per case. Each	Shipping Tern Q edi	ns: FO ty Unit 1 CAS	Unit (Us 4	Amt SD)	(US	SD)
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	2 Imgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgm 15 umber / description FilterLine H Set Adult/Po 1 PCE = 1 Case of 25 so 25 sets per case. Each M1990A adapter. Recor	Shipping Term Q edi ets set includes one M1926A fi	ns: FO ty Unit 1 CAS	Unit (Us 4	Amt SD) 47.00	(US	5D)
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	2 amgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgm 15 umber / description FilterLine H Set Adult/Pour 1 PCE = 1 Case of 25 set 25 sets per case. Each M1990A adapter. Recorn Agreement Discount	Shipping Term Q edi ets set includes one M1926A finmended for ventilated pati	ns: FO ty Unit 1 CAS	Unit (Us 4	Amt SD) 47.00	(US	447.00 120.69
Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	2 mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgm 15 umber / description FilterLine H Set Adult/Pour 1 PCE = 1 Case of 25 section 25 sets per case. Each M1990A adapter. Recorn Agreement Discount Net Value Not Including Bill of Lading: 08102431 Ship Date:	Shipping Term Q edi ets set includes one M1926A finmended for ventilated pati	ns: FO ty Unit 1 CAS	Unit (Us 4	Amt SD) 47.00	(US	447.00 120.69



Article - / type number / description

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810

Issue Date 05/15/2018 Invoice number 936650316

Page 2/3

Due Date 06/14/2018

Order Date 05/10/2018

Order number 6304331031

Purchase Order Number:

Qty

Unit

749-6730283

INVOICE REPRINT

Item

Payment terms:

Net 30 Days

(USD) (USD) Total Gross Value

447.00

Total amount

Discount Amount

Unit Amt

-120.69

Net Value

326.31

Total



Issue Date Invoice number 05/15/2018 936650316

Due Date Order Date 06/14/2018 05/10/2018

Order number 6304331031

Purchase Order Number:

749-6730283

INVOICE REPRINT Payment terms:

Net 30 Days

Unit Amt

Total amount

Page 3/3

Item

Article - / type number / description

Qty Unit

(USD)

(USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document: These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

PHILIPS	LIPS	Issue Date 05/18/2018	93667413		Page 1/3		
Philips Healthcare	LIPS	Due Date 06/17/2018	Order Dat 05/16/201		er		
3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address		Purchase Order 749-6734350	Number:				
Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355	Payment terms: Net 30 Days						
Ship to: 94049610 Curae Health Inc d/b/a N	INVOICE REPRINT						
Mississippi Medical Cent 1970 Hospital Dr CLARKSDALE MS 3861 UNITED STATES	Contact Person: Josue M 1-800-4			*			
Sold to: 94049610 Curae Health Inc d/b/a N Mississippi Medical Cent 1970 Hospital Dr CLARKSDALE MS 3861 UNITED STATES	Merit Health Nort PO Box 1218 CLARKSDALE M	Attn : Accounts Payable Merit Health Northwest Mississippi					
ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425)		Special Comme	nts				
Federal EIN: 13-34291	Shipping Terms	: FOE	DESTINATION				
				Unit Amt (USD)	Total amount		
em Article - / type n	umber / description	Qty	Unit	(03D)	(USD)		
0320 989803139771	Attachment Electrode		Unit	12.00	(USD)		
					(USD)		
0320 989803139771	Attachment Electrode	2		12.00	(USD) 24.00 -7.9		
0320 989803139771	Attachment Electrode Agreement Discount	2 eight		12.00	(USD) 24.00 -7.9		
0320 989803139771	Attachment Electrode Agreement Discount Net Value Not Including Free Bill of Lading: 08102431363 Ship Date: Route:	2 eight		12.00	(USD) 24.00 -7.9		
0320 989803139771	Attachment Electrode Agreement Discount Net Value Not Including Free Bill of Lading: 08102431363 Ship Date:	2 eight		12.00			

0330 989803137631

989803137631

Fetal Spiral Electrode

Agreement Discount

Net Value Not Including Freight

2 BX

116.00

-27.00 %

232.00

-62.64



Issue Date 05/18/2018 Invoice number 936674131

Page 2/3

Due Date 06/17/2018

Order Date 05/16/2018

Order number 6304341655

Purchase Order Number:

749-6734350

INVOICE REPRINT Payment terms:

Net 30 Days

Article - / type number / description Item

Qty Unit

Unit Amt (USD)

Total amount (USD)

Bill of Lading: 081024313633231

Ship Date:

Route:

Carrier:

FEDEX

Commodity code:

9018119000

Agreement #:

GTLHT00039

0340 13943B 989803100441 Solid Gel Tab Electrode, Resting ECG

6 CAS

76.00

456.00

Agreement Discount

-27.00 %

-123.12

Net Value Not Including Freight

332.88

Bill of Lading: 081024313633231

Ship Date: Route:

Carrier:

FEDEX

Commodity code: Agreement #:

9018119000

GTLHT00039

Total Gross Value

712.00

Discount Amount

-193.68

Net Value

518.32

Total



Issue Date Invoice number 05/18/2018

936674131

Due Date 06/17/2018 **Order Date** 05/16/2018

Order number 6304341655

Purchase Order Number:

749-6734350

INVOICE REPRINT Payment terms: Net 30 Days

Unit Amt

Total amount

Page 3/3

Item

Article -/ type number / description

Qty Unit (USD)

(USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document: These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

PHILIPS
Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355
Ship to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 **UNITED STATES**

94049610

Issue Date Invoice number Page 1/3 05/25/2018 936713563 **Due Date Order Date** Order number 06/24/2018 05/23/2018 6304354209

Purchase Order Number: 749-6738967

Payment terms: Net 30 Days

INVOICE REPRINT

Contact Person: Josue M 1-800-456-9756

Invoice to:

Attn: Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES

Customer Number 94068305

ACH/EFT funds to:

Sold to:

Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept. **Special Comments**

Federal EIN: 13-3429115		Shipping Terms:		DESTINATION	
Item Article - / type number / description		Qty	Unit	Unit Amt (USD)	Total amount (USD)
0350 989803139771 989803139771	Attachment Electrode	2	ВХ	12.00	24.00
	Agreement Discount			-33.00 %	-7.92
	Net Value Not Including Freight				16.08
	Bill of Lading: 081024313659941 Ship Date: Route: Carrier: FEDEX				
	Commodity code : 9018119000 Agreement #: GTLHT00039				
0360 M3713A 989803107781	HeartStart Adult/Child Plus Pads	4	CAS	290.00	1,160.00
	HeartStart Adult/Child Plus Pads				
	Adult pads for emergency use. Multi- function, defribrillation, pacing cardio- version and monitoring. 10 pads/per of				



Issue Date 05/25/2018

Due Date

06/24/2018

Invoice number

936713563

Order Date 05/23/2018

Order number 6304354209

Page 2/3

Purchase Order Number:

749-6738967

INVOICE REPRINT Payment terms:

Net 30 Days

tem	Article - / type nu	umber / description		Qty	Unit	Unit Amt (USD)	Total amount (USD)
		Optimized for ACLS re	esponders.				
		Agreement Discount				-40.00 %	-464.00
		Net Value Not Includi	ing Freight				696.00
		Bill of Lading: 081024 Ship Date : Route :	313659941				
		Carrier: FEDEX					
		Commodity code : Agreement #:	9018907580 GTLHT00039				
037	0 M3717A 989803107821	HeartStart Infant Plus	s Pads	4	ВХ	155.00	620.0
		HeartStart Infant Plus	s Pads				
		Multi-function, defibril cardioversion and mo pairs per case.	llation, pacing onitoring. 5 pads				
		Agreement Discount				-40.00 %	-248.0
		Net Value Not Includ	ing Freight				372.0
		Bill of Lading: 081024 Ship Date : Route :					
		Carrier: FEDEX	<				
		Commodity code : Agreement #:	9018907580 GTLHT00039				
						Total Gross Value	1,804.0
						Discount Amount	-719.9
						Net Value	1,084.0
						Total	1,084.0



Invoice number **Issue Date** 05/25/2018 936713563

Due Date **Order Date**

05/23/2018

Order number

6304354209

Purchase Order Number:

749-6738967

06/24/2018

INVOICE REPRINT Payment terms:

Net 30 Days

Unit Amt

Total amount

Page 3/3

Item

Article - / type number / description

Qty Unit

(USD)

(USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

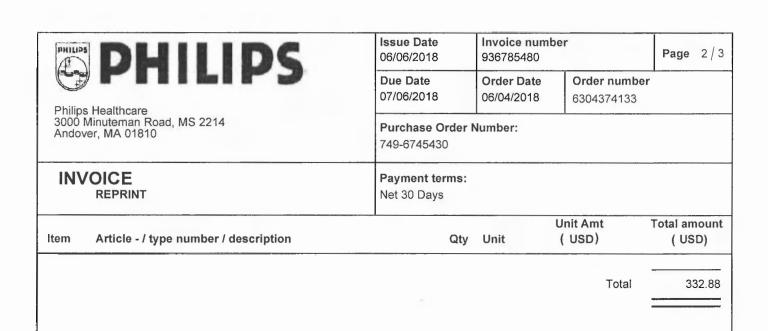
Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document: These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

PHILIPS	LIPS	1 ssue D 06/06/2		9367854	number 480		Page	1/3	
	LIPS	Due Da 07/06/2		Order D 06/04/20		Order numl			
Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355			se Order I						
			Payment terms: Net 30 Days						
Ship to: 94049610 Curae Health Inc d/b/a Northwest			ICE REPRINT						
Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES			Contact Person: Josue M 1-800-456-9756						
Sold to: 94049610 Curae Health Inc d/b/a N Mississippi Medical Cent 1970 Hospital Dr CLARKSDALE MS 3861 UNITED STATES	er	Merit He PO Box CLARK	ccounts Pa	west Miss 38614-			Customer 94068305	Numbe	
ACH/EFT funds to: Bank of America		Special	Commen	ts					
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425)	2 mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgmt	t Dept.	ng Terms:	F	OR DEST	TINATION			
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425)	2 mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgmt	t Dept.	ng Terms: Qty			Amt	Total an		
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425)	g mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgmt	t Dept.			Unit	Amt			
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425)	g mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgmt	Shippir			Unit (U	Amt	(US		
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	mgmt.inquiries@Philips.co 482-8856 Attn: Cash Mgmt	Shippir	Qty	Unit	Unit (U	Amt SD)	(US	SD)	
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	mgmt.inquiries@Philips.co 482-8856 Attn: Cash Mgmt 15 umber / description	Shippin	Qty	Unit	Unit (U	Amt SD) 76.00	(US	456.00 123.12	
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgmt 15 umber / description Solid Gel Tab Electrode Agreement Discount Net Value Not Including Bill of Lading: 08102431 Ship Date:	Shippir Shippir Resting ECG	Qty	Unit	Unit (U	Amt SD) 76.00	(US	456.00 123.12	
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgmt 15 umber / description Solid Gel Tab Electrode Agreement Discount Net Value Not Including Bill of Lading: 08102431	Shippir Shippir Resting ECG	Qty	Unit	Unit (U	Amt SD) 76.00	(US	456.00 123.12	
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgmt 15 umber / description Solid Gel Tab Electrode Agreement Discount Net Value Not Including Bill of Lading: 08102431 Ship Date: Route: Carrier: FEDEX	Shippir Shippir Resting ECG	Qty	Unit	Unit (U	Amt SD) 76.00	(US	456.00 123.12	
1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash Fax remittance to: (425) Federal EIN: 13-34291 tem Article - / type n	mgmt.inquiries@Philips.cc 482-8856 Attn: Cash Mgmt 15 umber / description Solid Gel Tab Electrode Agreement Discount Net Value Not Including Bill of Lading: 08102431 Ship Date: Route: Carrier: FEDEX	Shippir Shippir Resting ECG Freight 3701459	Qty	Unit	Unit (U	Amt SD) 76.00	(US	SD) 456.00	

Net Value





Issue Date Inv 06/06/2018 936

Invoice number 936785480

Order number

Due Date 07/06/2018 Order Date 06/04/2018

Order number 6304374133

Purchase Order Number:

749-6745430

INVOICE

Payment terms:

Net 30 Days

]____

Unit Amt

Total amount

Page 3/3

Item

Article - / type number / description

Qty Unit

(USD)

(USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:
These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.



Atlanta, GA 30384-0355 Ship to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

94049610

Purchase Order Number: 749-6754407

Invoice number

936863484

Order Date

06/18/2018

Payment terms: Net 30 Days

Issue Date

06/20/2018

Due Date

07/20/2018

INVOICE REPRINT

Contact Person: Josue M 1-800-456-9756

Invoice to: Attn: Accounts Payable

Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 **UNITED STATES**

Customer Number 94068305

Page 1/3

Order number

6304401456

ACH/EFT funds to:

Sold to:

Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept. **Special Comments**

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

em Article - / type number / description			Qty	Unit	Unit Amt (USD)	Total amount (USD)	
0390 989803138171 989803138171	Defibrillator Chemica	l/Thermal Paper	1	вх	58.00	58.00	
	Agreement Discount				-27.00 %	-15.6	
	Net Value Not Includ	ing Freight				42.3	
	Bill of Lading: 081024	1313761361					
	Ship Date : Route :						
	Carrier: FEDEX						
	Commodity code : Agreement #:	4811909030 GTLHT00039					
					Total Gross Value	58.0	
					Discount Amount	-15.6	
					Net Value	42.3	



Article - / type number / description

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Issue Date 06/20/2018 Invoice number 936863484

Page 2/3

Due Date 07/20/2018 **Order Date** 06/18/2018

Order number 6304401456

Purchase Order Number:

Qty Unit

749-6754407

INVOICE REPRINT

ltem

Payment terms:

Net 30 Days

Unit Amt (USD)

Total amount (USD)

Total



Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810

Issue Date 06/20/2018

Due Date

07/20/2018

Invoice number

936863484

Order Date 06/18/2018

Order number 6304401456

Purchase Order Number:

749-6754407

INVOICE REPRINT Payment terms: Net 30 Days

Unit Amt

Total amount

Page 3/3

ltem

Article - / type number / description

Qty Unit

(USD)

(USD)

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document: These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

1ssue Date 08/01/2018	Invoice numb 937107828	er	Page	1/2
Due Date	Order Date	Order number		
08/31/2018	07/27/2018	6304475233		
Purchase Ordo	r Number			

Purchase Order Number: 749-6776671

Payment terms: Net 30 Days

Ship to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

INVOICE REPRINT

Invoice to:

Contact Person: Josue M 1-800-456-9756

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

94049610

Sold to:

Attn : Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES

Customer Number 94068305

ACH/EFT funds to:
Bank of America
1850 Gateway Blvd
ABA Number 111000012
Account 3750202223
Concord, CA 94520-3282
Email notification to cashmgmt.inquiries@Philips.com
Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.

Special Comments

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

#	Product	Description		Qty	UoM	Unit Net	Total Net Currency USD
041	10 13943B 989803100441	Solid Gel Tab Electro	ode, Resting ECG	6	CAS	55.48	332.8
		Agreement Discount	included in net -27.000	%			
		Net Value Not Includ	ding Freight				332.8
		103 18 difference in		lat values	and the N	lat muias is due to quet	om rounding
		-105. To difference in	the sum of the Total N	iet values	and the N	et price is due to syst	em rounding.
		Commodity code : Agreement #:	9018119000 GTLHT00039	iet values	and the N	et price is due to syst	em rounding.
		Commodity code :	9018119000	let values	and the N	et price is due to syst	em rounding.
		Commodity code :	9018119000	et values	and the N	Total Gross Value	456.0
		Commodity code :	9018119000	et values	and the N		456.0
		Commodity code :	9018119000	et values	and the N	Total Gross Value	

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 1ssue Date 08/01/2018 Invoice number 937107828

Page 2/2

Due Date 08/31/2018

Order Date 07/27/2018

Order number 6304475233

Purchase Order Number:

749-6776671

INVOICE

Payment terms:

Net 30 Days

Product

Description

Qty UoM

Unit Net

Total Net Currency USD

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:

These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

DLIII	Inc	1ssue Date 08/06/2018	Invoice n 93713572		Page 1/2
	LIPS	Due Date 09/05/2018	Order Dat 08/01/201		er
Philips Healthcare 8000 Minuteman Road, I Andover, MA 01810 Remit To Address	MS 2214	Purchase Orde 749-6779168		0001102000	
Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355		Payment terms	3 :		
Ship to: 94049610		Net 30 Days			
Curae Health Inc d/b/a N		REPRIN	IT		
Aississippi Medical Cent 1970 Hospital Dr CLARKSDALE MS 3861 JNITED STATES		Contact Perso Josue M 1-800-			
Sold to: 94049610		Invoice to:			
Curae Health Inc d/b/a N		Attn : Accounts	•		
Mississippi Medical Cent 970 Hospital Dr	er	Merit Health No PO Box 1218			
CLARKSDALE MS 3861 JNITED STATES	14-7202	CLARKSDALE UNITED STATE		Ci	ustomer Numb 4068305
ACH/EFT funds to: Bank of America 850 Gateway Blvd					
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3283	2 Imgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D	ept. Shipping Term	s: FOE	3 DESTINATION	
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cash ax remittance to: (425)	2 Imgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D			3 DESTINATION Unit Net	Total Net Currency USD
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 mail notification to cash ax remittance to: (425) # Product 0420 40453A	2 mgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D	Shipping Term Qt			Currency USD
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 mail notification to cash ax remittance to: (425) # Product	2 Imgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D 15 Description	Shipping Term Qt	у ЏоМ	Unit Net	Currency USD
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 mail notification to cash ax remittance to: (425) # Product 0420 40453A	2 Imgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D 15 Description	Shipping Term Qt	у ЏоМ	Unit Net	Currency USD 84.68
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 mail notification to cash ax remittance to: (425) # Product 0420 40453A	2 mgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D 15 Description CHART PAPER Agreement Discount include Net Value Not Including File Commodity code: 370	Shipping Term Qt	у ЏоМ	Unit Net	Currency USD 84.68
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 mail notification to cash ax remittance to: (425) # Product 0420 40453A	2 mgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D 15 Description CHART PAPER Agreement Discount include Net Value Not Including File Commodity code: 370	Shipping Term Qt ded in net -27.000 % reight	y UoM	Unit Net 21.17	84.68 84.68
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 mail notification to cash ax remittance to: (425) # Product 0420 40453A	2 mgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D 15 Description CHART PAPER Agreement Discount include Net Value Not Including File Commodity code: 370	Shipping Term Qt ded in net -27.000 % reight	y UoM	Unit Net 21.17 Total Gross Value	84.68 84.68
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 mail notification to cash ax remittance to: (425) # Product 0420 40453A	2 mgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D 15 Description CHART PAPER Agreement Discount include Net Value Not Including File Commodity code: 370	Shipping Term Qt ded in net -27.000 % reight	y UoM	Unit Net 21.17 Total Gross Value Discount Amount	84.68 84.68 116.00 -31.32
Bank of America 850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 mail notification to cash ax remittance to: (425) # Product 0420 40453A	2 mgmt.inquiries@Philips.com 482-8856 Attn: Cash Mgmt D 15 Description CHART PAPER Agreement Discount include Net Value Not Including File Commodity code: 370	Shipping Term Qt ded in net -27.000 % reight	y UoM	Unit Net 21.17 Total Gross Value	84.68 84.68

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 | Issue Date | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 108/06/2018 | 1

Purchase Order Number:

749-6779168

INVOICE REPRINT Payment terms: Net 30 Days

Product

Description

Qty UoM

Unit Net

Total Net Currency USD

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:

These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355

Ship to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Sold to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES Issue Date Invoice number 08/17/2018 937202380

 Due Date
 Order Date

 09/16/2018
 08/15/2018

Order number 6304508705

Purchase Order Number:

749-6787166

Payment terms: Net 30 Days

INVOICE REPRINT

Contact Person:

Josue M 1-800-456-9756

Invoice to:

Attn : Accounts Payable
Merit Health Northwest Mississippi
PO Box 1218
CLARKSDALE MS 38614-1218
UNITED STATES

Customer Number

Page 1/3

94068305

ACH/EFT funds to:

Bank of America
1850 Gateway Blvd
ABA Number 111000012
Account 3750202223
Concord, CA 94520-3282
Email notification to cashmgmt.inquiries@Philips.com
Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.

Special Comments

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

#	Product	Description		Qty	UoM	Unit Net	Total Net Currency USD
04	30 M3713A 989803107781	HeartStart Adult/Child	Plus Pads	2	CAS	174.00	348.00
		HeartStart Adult/Child	Plus Pads				
		Adult pads for emerge function, defribrillation, version and monitoring Optimized for ACLS re	pacing cardio- g.10 pads/per case.				
		Agreement Discount in	ncluded in net -40.000 %	6			
		Net Value Not Includir	ng Freight				348.00
		-84.68 difference in t	he sum of the Total Ne	t values	and the Ne	t price is due to sys	stem rounding.
		Commodity code : Agreement #:	9018907580 GTLHT00039				

Total Gross Value

580.00

Discount Amount

-232.00

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 **Issue Date** 08/17/2018

Invoice number 937202380

Page 2/3

Due Date 09/16/2018

Order Date 08/15/2018

Order number 6304508705

Purchase Order Number:

749-6787166

INVOICE REPRINT Payment terms:

Net 30 Days

Product Description

Qty UoM

Unit Net

Total Net Currency USD

Net Value

348.00

Total

348.00

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810
 Issue Date
 Invoice number

 08/17/2018
 937202380

 Due Date
 Order Date

 09/16/2018
 08/15/2018

Order number 6304508705

Purchase Order Number:

749-6787166

INVOICE REPRINT Payment terms:

Net 30 Days

Product

Description

Qty UoM

Unit Net

Total Net Currency USD

Page 3/3

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:
These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Ship to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Med Ctr 749-6786970 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Sold to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Issue Date 08/20/2018

> **Due Date** 09/19/2018

Invoice number 937211205

Order Date 08/15/2018

Order number 6304509256

Purchase Order Number:

749-6786970

Payment terms: Net 30 Days

INVOICE REPRINT

Contact Person:

Josue M 1-800-456-9756

Invoice to:

Attn: Accounts Payable Merit Health Northwest Mississippi Curae Accounting PO Box 1218 CLARKSDALE MS 38614-1218

Customer Number

Page 1/3

94068305

ACH/EFT funds to:

Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282 Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept. **Special Comments**

UNITED STATES

Price/pay terms per contract. 302064 OBSOLETE

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

# F	Product	Description	Qty	UoM	Unit Net	Total Net Currency USD
0440	1012624 989805610141	M Performatrak W/Hgr-Disp-Dom	10	PCE	22.80	228.0
		Agreement Discount included in net -14.500	%			
		Net Value Not Including Freight				228.0
		Commodity code: 9019200000 Agreement #: GTLHT00039				
0450	1012572	L Performatrak W/Hgr-Disp-Dom	10	PCE	22.80	228.0
	989805610101	Agreement Discount included in net -14.500	%			
		Net Value Not Including Freight				228.

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810

Issue Date Invoice number 08/20/2018

937211205

Order number

Page 2/3

Due Date 09/19/2018 **Order Date** 08/15/2018

6304509256

Purchase Order Number:

749-6786970

INVOICE REPRINT

Payment terms: Net 30 Days

# Product	Description		Qty	UoM	Unit Net	Total Net Currency USD
	Commodity code : Agreement #:	9019200000 GTLHT00039				
0460 1012623	S Performatrak W/Hg	ır-Disp-Dom	10	PCE	22.80	228.00
989805610131	Agreement Discount	included in net -14.500 %				
	Net Value Not Includ	ing Freight				228.00
	Commodity code : Agreement #:	9019200000 GTLHT00039				
					Total Gross Value	800.10
					Discount Amount	-116.10
					Net Value	684.00
					Total	684.00

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 | Issue Date | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 108/20/2018 | 1

Purchase Order Number:

749-6786970

INVOICE REPRINT Payment terms:

Net 30 Days

Product

Description

Qty UoM

Unit Net

Total Net Currency USD

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:

These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Remit To Address Philips Healthcare PO Box 100355 Atlanta, GA 30384-0355

Ship to: 94049610

Curae Health Inc d/b/a Northwest PO#749-6789775/ RECEIVING 1970 Hospital Dr CLARKSDALE MS 38614-7202 UNITED STATES

Sold to: 94068305

Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES **Issue Date** Invoice number 08/23/2018 937233812

Order Date 08/21/2018

Order number 6304518417

Purchase Order Number:

749-6789775

Due Date

09/22/2018

Payment terms: Net 30 Days

INVOICE REPRINT

Contact Person:

Josue M 1-800-456-9756

Invoice to:

Attn : Accounts Payable
Merit Health Northwest Mississippi
PO Box 1218
CLARKSDALE MS 38614-1218
UNITED STATES

Customer Number

Page 1/3

94068305

ACH/EFT funds to:

Bank of America
1850 Gateway Blvd
ABA Number 111000012
Account 3750202223
Concord, CA 94520-3282
Email notification to cashmgmt.inquiries@Philips.com
Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.

Special Comments

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

# F	Product	Description		Qty	UoM	Unit Net	Total Net Currency USD
0470	1012623 989805610131	S Performatrak W/Hgr	-Disp-Dom	20	PCE	22.80	456.0
		Agreement Discount in	ncluded in net -14.500 %				
		Net Value Not Includi	ng Freight				456.0
		Commodity code : Agreement #:	9019200000 GTLHT00039				
0480	1012624 989805610141	M Performatrak W/Hg	r-Disp-Dom	20	PCE	22.80	456.0
		Agreement Discount in	ncluded in net -14.500 %	,			
		Net Value Not Includi	ng Freight				456.

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 **Issue Date** 08/23/2018

Invoice number 937233812

Page 2/3

Due Date 09/22/2018

Order Date 08/21/2018

Order number 6304518417

Purchase Order Number:

749-6789775

INVOICE REPRINT Payment terms: Net 30 Days

# Produc	t	Description		Qty	UoM	Unit Net	Total Net Currency USD
		Commodity code : Agreement #:	9019200000 GTLHT00039				
0490 10125		L Performatrak W/Hg	r-Disp-Dom	20	PCE	22.80	456.00
98980	5610101	Agreement Discount i	included in net -14.500 %				
		Net Value Not Includ	ing Freight				456.00
		Commodity code : Agreement #:	9019200000 GTLHT00039				
						Total Gross Value	1,600.20
						Discount Amount	-232.20
						Net Value	1,368.00
						Total tax	95.76
						Total	1,463.76

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Issue Date | Invoice number | 08/23/2018 | 937233812

Due Date Order Date

08/21/2018

Order number 6304518417

Purchase Order Number:

749-6789775

09/22/2018

INVOICE REPRINT Payment terms:

Net 30 Days

Product

Description

Qty UoM

Unit Net

Total Net Currency USD

Page 3/3

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document:

These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Ship to:	94049610
Mississippi 1970 Hosp	ALE MS 38614-7202

Sold to:	940496	310
Mississipp 1970 Hosp	i Medical bital Dr ALE MS	b/a Northwest Center 38614-7202

ACH/EFT funds to:
Bank of America
1850 Gateway Blvd
ABA Number 111000012
Account 3750202223
Concord, CA 94520-3282
Email notification to cashmgmt.inquiries@Philips.com
Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept.

Issue Date 08/23/2018	Invoice number 937234403	,	Page	1/2
Due Date 09/22/2018	Order Date 08/20/2018	Order number 6304516147		

Purchase	Order	Number:
749-67893	22	

Payment terms:
Net 30 Days

NV	OI	C	E
	RI	EP	RINT

Contact Person:

Attn : Accounts Payable	
Merit Health Northwest Mississipp PO Box 1218 CLARKSDALE MS 38614-1218 UNITED STATES	

Customer Number 94068305

Special (Comments
-----------	----------

Federal EIN: 13-3429115		15 St	Shipping Terms:		FOB	DESTINATION	
#	Product	Description	Qty	UoM		Unit Net	Total Net Currency USD
0	500 989803138171 989803138171	Defibrillator Chemical/Thermal Paper	4	вх		42.34	169.36
		Agreement Discount included in net -2	7.000 %				

" Flouuct	Description			OOW		Currency USD
0500 000000400474	Defibrillator Observice	I/Thousand Donor		DV	40.04	400.00
0500 989803138171 989803138171	Defibrillator Chemica	II/ I nermai Paper	4	BX	42.34	169.36
	Agreement Discount	included in net -27.000 %				
	Net Value Not Includ	ling Freight				169.36
	Commodity code : Agreement #:	4811909030 GTLHT00039				
					Total Gross Value	232.00
					Discount Amount	-62.64
					Net Value	169.36
					Total	169.36

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810

08/23/2018	Invoice number 937234403		Page	2/2
Due Date	Order Date	Order number		
09/22/2018	08/20/2018	6304516147		

Purchase Order Number:

749-6789322

INVOICE REPRINT Payment terms: Net 30 Days

Product

Description

Qty UoM

Unit Net

Total Net Currency USD

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document: These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

Purchase Order Number:

Order number 6304516147

Invoice number

937420696

Order Date

08/20/2018

749-6789322

Issue Date

09/24/2018

Due Date

10/24/2018

Payment terms: Net 30 Days

Ship to: 94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr. CLARKSDALE MS 38614-7202 **UNITED STATES**

INVOICE REPRINT

Contact Person:

Josue M 1-800-456-9756

Sold to:

94049610

Curae Health Inc d/b/a Northwest Mississippi Medical Center 1970 Hospital Dr CLARKSDALE MS 38614-7202 **UNITED STATES**

Invoice to:

Attn: Accounts Payable Merit Health Northwest Mississippi PO Box 1218 CLARKSDALE MS 38614-1218 **UNITED STATES**

Customer Number 94068305

Page 1/3

ACH/EFT funds to: Bank of America 1850 Gateway Blvd ABA Number 111000012 Account 3750202223 Concord, CA 94520-3282

Email notification to cashmgmt.inquiries@Philips.com Fax remittance to: (425) 482-8856 Attn: Cash Mgmt Dept. **Special Comments**

Federal EIN: 13-3429115

Shipping Terms:

FOB DESTINATION

# 1	Product	Description		Qty	UoM	Unit Net	Total Net Currency USD
0510	M3713A 989803107781	HeartStart Adult/Chil	d Plus Pads	2	CAS	174.00	348.00
		HeartStart Adult/Chil	d Plus Pads				
		Adult pads for emerg function, defribrillatio version and monitorii Optimized for ACLS	n,pacing cardio- ng.10 pads/per case.				
		Agreement Discount	included in net -40.000 %				
		Net Value Not Includ	ding Freight				348.00
		-169.36 difference in	the sum of the Total Net	values	and the Ne	t price is due to sy	stem rounding.
		Commodity code : Agreement #:	9018907580 GTLHT00039				

Total Gross Value

580.00

Discount Amount

-232.00

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810 Issue Date 09/24/2018 Invoice number 937420696

Page 2/3

Due Date 10/24/2018

Order Date 08/20/2018

Order number 6304516147

Purchase Order Number:

749-6789322

INVOICE REPRINT Payment terms:

Net 30 Days

Product Description Qty UoM

Unit Net

Total Net Currency USD

Net Value

348.00

Total

348.00

Philips Healthcare 3000 Minuteman Road, MS 2214 Andover, MA 01810

Invoice number **Issue Date** 09/24/2018

937420696

Due Date 10/24/2018 **Order Date** 08/20/2018

Order number 6304516147

Purchase Order Number:

749-6789322

INVOICE REPRINT Payment terms:

Net 30 Days

Product

Description

Qty UoM

Unit Net

Total Net Currency USD

Page 3/3

This Invoice for the products listed herein is issued pursuant to, and any PO for the items herein will be accepted subject to the Master Agreement and/or Contract ("Agreement") between Philips Healthcare and the Sold To Party. If no Agreement is identified at the item level or the products and/or services are not covered by this Agreement, this order is issued pursuant to, and any PO for the items herein will be accepted subject to the Philips Terms and Conditions of Sale posted at http://www.usa.philips.com/healthcare/about ("Philips Terms").

Additionally, if the Agreement is a Premier Contract, any Product(s) identified under the Premier Contract appearing as an item in this Order (except for Products under the Premier Physiological Monitoring Group Purchasing Agreement) and any PO for the applicable Premier Products herein, will be accepted and are also subject to the Philips Terms, to the extent they do not expressly conflict with the terms and conditions of the referenced Premier Contract

Seller represents that these goods were produced in compliance with all applicable requirements of section 6, 7 and 12 of the Fair Labor Standards Act, as amended herein regulations and orders of the United States Department of Labor issued under section 14 thereof.

The following clause only refers to US-origin products as indicated in this document: These commodities, technology or software were exported from the United States for ultimate destination United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

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:(6823853)Claim No: 212Status:Philips HealthcareOriginal FiledFiled by: CRc/o Bruce J. BorrusDate: 01/17/2019Entered by: admin

1001 4th Ave. Suite 4500 Date: 01/17/2019 Seattle, WA 98154

Amount claimed: \$8946.29

<u>Details</u> <u>212-</u> 01/17/2019 Claim #212 filed by Philips Healthcare, Amount claimed: \$8946.29 (admin)

on·

Description:

History:

Remarks: (212-1) Account Number (last 4 digits):9610

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*	\$8946.29
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		