

Fill in this information to identify the case:

Debtor 1 Curae Health Inc.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05665

FILED
U.S. Bankruptcy Court
MIDDLE DISTRICT OF TENNESSEE
2/11/2019
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 Claim

1. Who is the current creditor?	<u>COOPERSURGICAL, INC.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>COOPERSURGICAL, INC.</u> Name <u>75 CORPORATE DRIVE</u> <u>TRUMBULL, CT 06611</u> Contact phone <u>203-601-5200</u> Contact email <u>joan.hudobenko@coopersurgical.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">9679</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>19803.39</u></div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center; border-bottom: 1px solid black;">GOODS SOLD</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="margin-top: 10px;"><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

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

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

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

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 2/11/2019
MM / DD / YYYY

/s/ James DuBrava
Signature

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

Name	<u>James DuBrava</u>		
	First name	Middle name	Last name
Title	<u>Accounts Receivable Manager</u>		
Company	<u>CooperSurgical, Inc.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>75 CORPORATE DRIVE</u>		
	Number Street		
	<u>TRUMBULL, CT 06611</u>		
Contact phone	<u>203-601-5200</u>	Email	<u>joan.hudobenko@coopersurgical.com</u>

CooperSurgical

95 Corporate Drive Trumbull, CT 06611

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

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

www.coopersurgical.com

INVOICE

INVOICE NUMBER: 4680698

INVOICE DATE: 01-12-2018

CUSTOMER NO: 019618

PAGE: 1 of 1

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

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

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

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms	
4826726	749-6638246	01-11-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030	
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.	
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 UMB678 UTERINE MANIPULATOR TIP B LOT: 231765	260.5100 T	260.51	
2	1.00	0.00	UMG670 UTERINE MANIPULATOR TIP G LOT: 224804	260.5100 T	260.51	
3	1.00	0.00	AVM-851 BX OF FILSHIE CLPS 20 PRS LOT: 37331 Tracking Numbers =====	2,427.7800	2,427.78	
			417721320714			
Invoice Sub Total		Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
2,948.80		0.00	36.48	0.00	0.00	\$2,985.28

4680698 01122018019618 00000294880000036480000000000000298528USD1

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

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

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

Remittance Comments:

4680698 01122018019618 00000294880000036480000000000000298528USD1



November 12, 2018

Dear Customer:

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

Delivery Information:

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


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

Shipping Information:

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

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

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

Reference
Purchase order number:
Shipment Id
Invoice number

019618
749-6638246
4232281/749-663
4232281

Thank you for choosing FedEx.

www.coopersurgical.com

INVOICE

INVOICE NUMBER: 4736265

INVOICE DATE: 03-12-2018

CUSTOMER NO: 019618

PAGE: 1 of 1

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019618

NW MISSISSIPPI MED CTR

PO BOX 1218

CLARKSDALE, MS 38614-1218

USA

SHIP TO

48661

NW MS REG M/C, MERIT HLTH

1970 HOSPITAL DRIVE

(829) CLARKSDALE STORES

CLARKSDALE, MS 38614

USA

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

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

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

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

4736265 03122018019618 0000005853000004097000000000000000062627USD1

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

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

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

Remittance Comments:

4736265 03122018019618 00000058530000040970000000000000000062627USD1




November 12, 2018

Dear Customer:

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

Delivery Information:

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



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

Shipping Information:

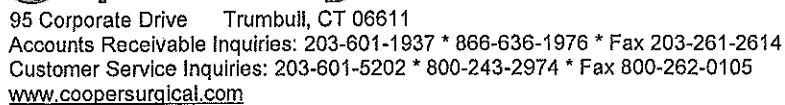
Tracking number:	425759310509	Ship date:	Mar 12, 2018
		Weight:	0.6 lbs/0.3 kg

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

Reference
Purchase order number:
Shipment Id
Invoice number

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

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PAGE: 1 of 1

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USA

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

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

[illegible]

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

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

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

Remittance Comments:

[illegible]




November 12, 2018

Dear Customer:

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

Delivery Information:

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


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

Shipping Information:

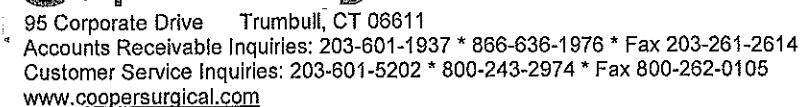
Tracking number:	433827030666	Ship date:	Mar 28, 2018
		Weight:	0.7 lbs/0.3 kg

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

Reference
Purchase order number:
Shipment Id
Invoice number

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

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

PAGE: 1 of 1

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

SHIP
TO

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

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

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4904895	749-6703622	04-02-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 S1007 CONDYLOMA ELEC BOX OF 5 LOT: 234845 Tracking Numbers ===== 433827050749	84.0100	84.01
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
84.01	0.00	0.00	0.00	0.00	\$84.01

4756235 04032018019618 0000000840100000000000000000000000000000008401USD5

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

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

Invoice Number: 4756235
Invoice Date: 04-03-2018
Account Number: 019618

Remittance Comments:

4756235 04032018019618 00000008401000000000000000000000000000000000008401USD5




November 12, 2018

Dear Customer:

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

Delivery Information:

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



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

Shipping Information:

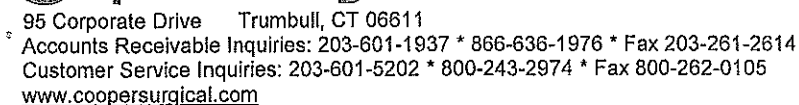
Tracking number:	433827050749	Ship date:	Apr 3, 2018
		Weight:	0.5 lbs/0.2 kg

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

Reference
Purchase order number:
Shipment Id
Invoice number

Shipper:
Lee Plutino
COOPERSURGICAL INC.
95 CORPORATE DRIVE
TRUMBULL, CT 06611 US
019618
749-6703622
4304942/749-670
4304942

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

PAGE: 1 of 1

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

SHIP
TO

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

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4913575	749-6709745	04-10-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 AVM-851 BX OF FILSHIE CLPS 20 PRS LOT: 37823 Tracking Numbers ===== 433827088856	2,427.7800	2,427.78
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
2,427.78	0.00	0.00	0.00	0.00	\$2,427.78

[illegible]

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

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

Invoice Number: 4764389
Invoice Date: 04-11-2018
Account Number: 019618

Remittance Comments:

4764389 04112018019618 000002427780000000000000000000000242778USD3



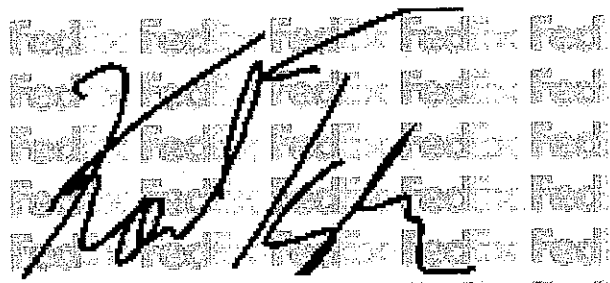
November 12, 2018

Dear Customer:

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

Delivery Information:

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



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

Shipping Information:

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

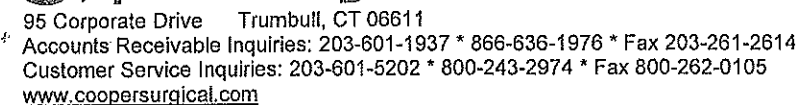
Recipient:
NW MS REG M/C, MERIT HLTH
1970 HOSPITAL DRIVE
(829) CLARKSDALE STORES
CLARKSDALE, MS 38614 US

Reference

Purchase order number:
Shipment Id
Invoice number

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

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

PAGE: 1 of 1

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

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

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

4776102 04242018019618 0000002701700000000000000000000000000000000027017USD6

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

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

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

Remittance Comments:

[illegible]




November 12, 2018

Dear Customer:

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

Delivery Information:

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



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

Shipping Information:

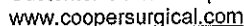
Tracking number:	433827144091	Ship date:	Apr 24, 2018
		Weight:	1.2 lbs/0.5 kg

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

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

Reference	019618
Purchase order number:	749-6718475
Shipment Id	4324476/749-671
Invoice number	4324476

Thank you for choosing FedEx.



CUSTOMER NO: 019618

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

SHIP
TO

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

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
4930792	749-6721373	04-26-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 AVM-851 BX OF FILSHIE CLPS 20 PRS LOT: 37823 Tracking Numbers ===== 433827165468	2,427.7800	2,427.78
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
2,427.78	0.00	0.00	0.00	0.00	\$2,427.78

[illegible]

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

Invoice Number: 4780430
Invoice Date: 04-27-2018
Account Number: 019618

Remittance Comments:

[illegible]




November 12, 2018

Dear Customer:

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

Delivery Information:

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



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

Shipping Information:

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

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

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

Reference
Purchase order number:
Shipment Id
Invoice number

019618
749-6721373
4329460/749-672
4329460

Thank you for choosing FedEx.

95 Corporate Drive Trumbull, CT 06611

Accounts Receivable Inquiries: 203-601-1937 * 866-636-1976 * Fax 203-261-2614
Customer Service Inquiries: 203-601-5202 * 800-243-2974 * Fax 800-262-0105
www.coopersurgical.com

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

PAGE: 1 of 1

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

SHIP
TO

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

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

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

[illegible]

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

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

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

Remittance Comments:

[illegible]




November 12, 2018

Dear Customer:

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

Delivery Information:

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



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

Shipping Information:

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

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

Reference
Purchase order number:
Shipment Id
Invoice number

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

Thank you for choosing FedEx.

95 Corporate Drive Trumbull, CT 06611

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

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

www.coopersurgical.com

INVOICE

INVOICE NUMBER: 4843463

INVOICE DATE: 07-02-2018

CUSTOMER NO: 019618

PAGE: 1 of 1

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019618

NW MISSISSIPPI MED CTR

PO BOX 1218

CLARKSDALE, MS 38614-1218

USA

SHIP TO

48661

NW MS REG M/C, MERIT HLTH

1970 HOSPITAL DRIVE

(829) CLARKSDALE STORES

PO 749-6762775

CLARKSDALE, MS 38614

USA

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

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

[illegible]

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

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

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

Remittance Comments:

[illegible]



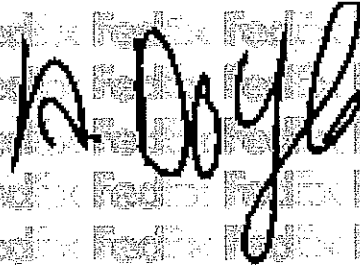
November 12, 2018

Dear Customer:

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

Delivery Information:

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


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

Shipping Information:

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

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

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

Reference
Purchase order number:
Shipment Id
Invoice number

019618
749-6762775
4391399/749-676
4391399

Thank you for choosing FedEx.

95 Corporate Drive Trumbull, CT 06611

Accounts Receivable Inquiries: 203-601-1937 * 866-636-1976 * Fax 203-261-2614
Customer Service Inquiries: 203-601-5202 * 800-243-2974 * Fax 800-262-0105
www.coopersurgical.com

INVOICE

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

PAGE: 1 of 1

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

SHIP TO

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

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

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
5024446	749-6779122	08-01-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 R2010 RADIUS LOOP ELEC BOX OF 5 LOT: 245995	84.0100	84.01
2	1.00	0.00	AVM-851 BX OF FILSHIE CLPS 20 PRS LOT: 37869 Tracking Numbers =====	2,427.7800	2,427.78
449800449304					
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
2,511.79	0.00	0.00	0.00	0.00	\$2,511.79

4871798 08012018019618 000002511790000000000000000000000000251179USD8

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

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

Invoice Number: 4871798
Invoice Date: 08-01-2018
Account Number: 019618

Remittance Comments:

[illegible]




November 12, 2018

Dear Customer:

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

Delivery Information:

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



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

Shipping Information:

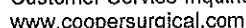
Tracking number:	449800449304	Ship date:	Aug 1, 2018
		Weight:	0.9 lbs/0.4 kg

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

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

Reference	019618
Purchase order number:	749-6779122
Shipment Id	4418907/749-677
Invoice number	4418907

Thank you for choosing FedEx.



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

PAGE: 1 of 1

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

SHIP TO

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

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
5035712	749-6785681	08-13-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030

Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.	
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 8200 Endometrial Pipelle BX 25 LOT: 242768 Tracking Numbers ===== 449800504702	134.3100	134.31	
Invoice Sub Total		Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
134.31		0.00	0.00	0.00	0.00	\$134.31

[illegible]

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

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

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

Remittance Comments:

[illegible]




November 12, 2018

Dear Customer:

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

Delivery Information:

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



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

Shipping Information:

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

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

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

Reference	019618
Purchase order number:	749-6785681
Shipment Id	4429941/749-678
Invoice number	4429941

Thank you for choosing FedEx.

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

PAGE: 1 of 1

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

SHIP
TO

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

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

Order No.	Your P.O. No.	Rev Date	Ship Via	F.O.B	Terms
5045962	749-6791273	08-23-18	FedEx Ground - Customer	SHIP POINT	0.00/000/030
Item No.	Qty Shipped	Qty Back Ordered	Product Description	Unit Price	Extended Amt.
1	1.00	0.00	Contact: YATASHA MUSKIN 662-624-3453 R2008 RADIUS LOOP ELEC BOX OF 5 LOT: 238798 Tracking Numbers ===== 449800554681	84.0100	84.01
Invoice Sub Total	Discount	Sales Tax	Excise Tax	Shipping/Handling	Invoice Total
84.01	0.00	0.00	0.00	0.00	\$84.01

[illegible]

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

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

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

Remittance Comments:

[illegible]



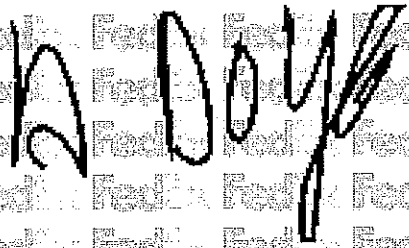
November 12, 2018

Dear Customer:

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

Delivery Information:

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


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

Shipping Information:

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

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

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

Reference	019618
Purchase order number:	749-6791273
Shipment Id	4440078/749-679
Invoice number	4440078

Thank you for choosing FedEx.



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

DELIVERY NOTIFICATION

INQUIRY FROM:

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

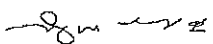
SHIPMENT TO:

TRILAKES MEDICAL CENTER
303 MEDICAL CENTER DR
BATESVILLE MS 38606

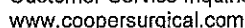
Shipper Number.....038320

Tracking Identification Number...120383200366225923

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

SHIPPER	PKG	TRACKING	ADDRESS	SIGNATURE
NUMBER	ID NO.	NUMBER	(NO/STREET,CITY)	
038320		120383200366225923	303 MEDICAL CENTER DR BATESVILLE	

NPT2AFM:000A0000



CUSTOMER NO: 10129679

PAGE: 1 of 1

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

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

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

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

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

Remittance Comments:

[illegible]



Q# 10129679
Inv# 4884894


December 20, 2018

Dear Customer:

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

Delivery Information:

Status:	Delivered	Delivery location:	1105 EARL FRYE BLVD Amory, MS 38821
Signed for by:	MWRIGHT	Delivery date:	Aug 17, 2018 11:32
Service type:	FedEx Ground		
Special Handling:			


M. WRIGHT
#26, 11:30, 13 Del, 0 NonDel

Shipping Information:

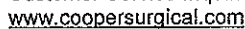
Tracking number:	449800512869	Ship date:	Aug 15, 2018
		Weight:	0.6 lbs/0.3 kg

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

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

Reference	10129679
Purchase order number:	01756
Shipment Id	4431833/01756
Invoice number	4431833

Thank you for choosing FedEx.



PAGE: 1 of 1

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

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

Case 3:18-bk-05665 Claim 262-1 Part 2 Filed 02/11/19 Desc Attachment 1 Page 29 of 32



C# 10129679
Inv# 4889117

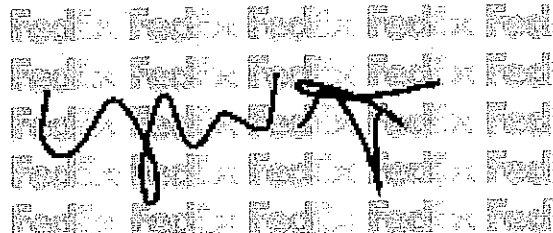
December 20, 2018

Dear Customer:

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

Delivery Information:

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


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

Shipping Information:

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

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

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

Reference	10129679
Purchase order number:	01906
Shipment Id	4436069/01906
Invoice number	4436069

Thank you for choosing FedEx.

www.coopersurgical.com

INVOICE

INVOICE NUMBER: 4890148

INVOICE DATE: 08-21-2018

CUSTOMER NO: 10129679

PAGE: 1 of 1

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

SHIP
TO

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

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

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

4890148 0821201810129679 000000564000000000000000000000000056400USD2

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

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

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

Remittance Comments:

4890148 0821201610129679 0000005640000000000000000000000000000056400USD2



C[#] 10129679
Inv[#] 4890148


December 20, 2018

Dear Customer:

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

Delivery Information:

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


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

Shipping Information:

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

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

Reference
Purchase order number:
Shipment Id
Invoice number

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

Thank you for choosing FedEx.

Please be advised that this POC for Curae Health Care replaces the inadvertently submitted Admin. Claim on 1/15/19. Registry # 190. Please accept this POC and disregard the Admin. Claim prev. submitted.

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: (6839553)
COOPERSURGICAL, INC.
75 CORPORATE DRIVE
TRUMBULL, CT 06611

Claim No: 262
Original Filed
Date: 02/11/2019
Original Entered
Date: 02/11/2019

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$19803.39

History:

[Details](#) [262-1](#) 02/11/2019 Claim #262 filed by COOPERSURGICAL, INC., Amount claimed: \$19803.39
(admin)

Description:

Remarks: (262-1) Account Number (last 4 digits):9679

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*	\$19803.39
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		