

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

3/8/2019

TERESA C. AZAN, Acting 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>Teleflex Medical Incorporated</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>Teleflex Medical Incorporated</u> Name 3015 Carrington Mill Boulevard, Suite 3 Morrisville, NC 27560-8871 Contact phone <u>8662466990</u> Contact email <u>www.teleflex.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) <u>Teleflex Medical Inc.</u> Name PO Box 60519 Charlotte, NC 28260-0519 Contact phone <u>8662466990</u> Contact email <u>tfxremit@teleflex.com</u>
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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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? _____	

Official Form 410

Proof of Claim

page 1

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: center;">1369</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>620.10</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 3/8/2019
MM / DD / YYYY

/s/ CHRISTOPHER LOUIS LYNCH
Signature

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

Name	<u>CHRISTOPHER LOUIS LYNCH</u>		
	First name	Middle name	Last name
Title	<u>Senior Lead Credit & Collections Specialist</u>		
Company	<u>Teleflex Medical Incorporated</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer		
Address	<u>3015 Carrington Mill Blvd., Suite 300</u>		
	Number	Street	
	<u>Morrisville, NC 27560-8871</u>		
	City	State	ZIP Code
Contact phone	<u>9193614135</u>	Email	<u>christopher.lynch@teleflex.com</u>

Account Statement/ Open Item Listing

Account #		Statement Date
121369		03/05/2019
Page	Currency	Terms of Payment
1 of 1	USD	Cash in advance-

Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
BATESVILLE MS 38606-8608
USA

Contact Information for questions on Statement

Name Erin Burcher
Telephone
Fax
E-mail: Erin.Burcher@teleflex.com

Remittance Information

By Regular Mail

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

By Wire

Bank: Wells Fargo Bank, N.A.
Address: San Francisco, CA
Acct #: 2000003325667
Routing/ABA #: 121000248
SWIFT Code: WFBIUS6S

By Overnight

Teleflex Funding Corporation
Lockbox # 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Document #	PO #/Check	Reference	Item Date	Due Date	Docum. Type	Reason Code	Amount
9500192874	00257		05/22/2018	06/21/2018	RV		9.95
9500248884	00388		06/10/2018	07/10/2018	RV		43.87
9500254575	00369		06/12/2018	07/12/2018	RV		9.95
9500290281	00440		06/22/2018	07/22/2018	RV		212.59
9500378866	00606		07/24/2018	08/23/2018	RV		323.84
9500446114	00740		08/15/2018	09/14/2018	RV		9.95
9500449186	00740		08/15/2018	09/14/2018	RV		9.95
103415827	12126 032218	95342463	12/13/2018	12/13/2018	AB	DUP	410.00-

Refund request 3/4/19 -EB

\$620.10

CURRENT	OVERDUE 1-30	OVERDUE 31-60	OVERDUE 61-90	OVERDUE 91+	ACCT BALANCE
Case 3:18-bk-05665	Claim 268-1 Part 2	Filed 03/08/19	Desc Attachment 1	Page 1	

**Invoice**

No.	Date	Page	Due Date
9500192874	05/22/2018	1 of 1	06/21/2018
Payer Account No. 121369			

Bill To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Ship To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Payment Remittance Address:	Wire Transfer Remittance:	Overnight Remittance Address:
Teleflex Medical PO Box 601608 Charlotte, NC 28260-1608	Wells Fargo Bank, NA, Charlotte, NC Account No. 2000003325667 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Teleflex Medical c/o Wells Fargo Bank, NA PO Box 601608 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
00257	4152665	Amanda Cook	8002324337	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085576570	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	121902	COLORBRMAN AIRWY 60MM 50I	BX	1	0	9.30	9.30
Brand: Rusch							
		Batch No. 1171205029					
		Exp. Date 12/31/9999					

Comments:

Sub-Total	9.30
Tax	0.65
Total USD	9.95

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International + 19193613964 Fax
Email cs@teleflex.com www.teleflex.com

EIN: 95-1867330



March 5, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085576570**.

Delivery Information:

Status:	Delivered	Delivery location:	Batesville, MS
Signed for by:	EMCJUNKIN	Delivery date:	May 24, 2018 13:39
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085576570	Ship date:	May 23, 2018
		Weight:	1.4 lbs/0.6 kg

Recipient:
Batesville, MS US

Shipper:
OLIVE BRANCH, MS US

Reference	00257
Purchase order number:	8002324337
Shipment Id	613551085576570
Invoice number	1007133252

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500248884	06/10/2018	1 of 1	07/10/2018
Payer Account No. 121369			

Bill To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Ship To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Payment Remittance Address:	Wire Transfer Remittance:	Overnight Remittance Address:
Teleflex Medical PO Box 601608 Charlotte, NC 28260-1608	Wells Fargo Bank, NA, Charlotte, NC Account No. 2000003325667 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Teleflex Medical c/o Wells Fargo Bank, NA PO Box 601608 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
00388	4195036	Amanda Cook	8002381415	FEDEX
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085653837	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	DSTC-16S	THORACIC CATH STR 16FR SOFT	CS	1	0	41.00	41.00
Brand: Pleur-evac							
Batch No. 73F1700409							
Exp. Date 05/31/2022							

Comments:

Sub-Total	41.00
Tax	2.87
Total USD	43.87

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

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3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International + 19193613964 Fax
Email cs@teleflex.com www.teleflex.com

EIN: 95-1867330



March 5, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085653837**.

Delivery Information:

Status:	Delivered	Delivery location:	Batesville, MS
Signed for by:	ROVERALL	Delivery date:	Jun 12, 2018 13:35
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085653837	Ship date:	Jun 11, 2018
		Weight:	1.8 lbs/0.8 kg

Recipient:
BATESVILLE, MS US

Shipper:
OLIVE BRANCH, MS US

Reference	8002381415
Purchase order number:	00388
Shipment Id	613551085653837
Invoice number	180608041849709

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500254575	06/12/2018	1 of 1	07/12/2018
Payer Account No. 121369			

Bill To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Ship To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
Attn: 00369
303 Medical Center Drive
Batesville MS 38606-8608
USA

Payment Remittance Address:

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:

Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBUS6S

Overnight Remittance Address:

Teleflex Medical c/o Wells Fargo
Bank, NA
PO Box 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
00369	4198323	Amanda Cook	8002385485	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085658450	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	121970	COLORBRMAN AIRWY 70MM 50I	BX	1	0	9.30	9.30
Brand:		Rusch					
		Batch No. 1171226038					

Comments:

Sub-Total	9.30
Tax	0.65
Total USD	9.95

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

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3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International + 19193613964 Fax
Email cs@teleflex.com www.teleflex.com

EN: 95-1867330



March 5, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085658450**.

Delivery Information:

Status:	Delivered	Delivery location:	Batesville, MS
Signed for by:	EMCJUNKIN	Delivery date:	Jun 13, 2018 12:27
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085658450	Ship date:	Jun 12, 2018
		Weight:	1.6 lbs/0.7 kg

Recipient:
Batesville, MS US

Shipper:
OLIVE BRANCH, MS US

Reference	00369
Purchase order number:	8002385485
Shipment Id	613551085658450
Invoice number	1007214348

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500290281	06/22/2018	1 of 1	07/22/2018
Payer Account No. 121369			

Bill To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Ship To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Payment Remittance Address:	Wire Transfer Remittance:	Overnight Remittance Address:
Teleflex Medical PO Box 601608 Charlotte, NC 28260-1608	Wells Fargo Bank, NA, Charlotte, NC Account No. 2000003325667 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Teleflex Medical c/o Wells Fargo Bank, NA PO Box 601608 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
00440	4219099	Amanda Cook	8002425669	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
409940836801	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	1042	MASK,MEDIUM CONC,ELONG,PED	CS	2	0	99.34	198.68
Brand:		Hudson RCI					
		Batch No. 74E1802402					

Comments:

Sub-Total	198.68
Tax	13.91
Total USD	212.59

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

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Email cs@teleflex.com www.teleflex.com

EIN: 95-1867330



March 5, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **409940836801**.

Delivery Information:

Status:	Delivered	Delivery location:	BATESVILLE, MS
Signed for by:	R.OVERALL	Delivery date:	Jun 25, 2018 09:37
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	409940836801	Ship date:	Jun 22, 2018
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Recipient:
BATESVILLE, MS US

Shipper:
OLIVE BRANCH, MS US

Reference 00440

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500378866	07/24/2018	1 of 2	08/23/2018
Payer Account No. 121369			

Bill To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Ship To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Payment Remittance Address:

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:

Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBIUS6S

Overnight Remittance Address:

Teleflex Medical c/o Wells Fargo
Bank, NA
PO Box 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
00606	4289558	Amanda Cook	8002506025	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069230377513863	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	DTRC-10S	99THORACIC TROCAR CATH 10FR SOFT CS		1	0	123.00	123.00
Brand: Pleur-evac		Batch No. 74E1801273 Exp. Date 05/10/2021					
000020	DSTC-20S	THORACIC CATH STR 20FR SOFT	CS	1	0	41.00	41.00
Brand: Pleur-evac		Batch No. 73A1800635 Exp. Date 12/31/2020					
000030	DSTC-24S	THORACIC CATH STR 24FR SOFT	CS	1	0	41.00	41.00
Brand: Pleur-evac		Batch No. 73B1800147 Exp. Date 01/31/2021					
000040	DSTC-28S	THORACIC CATH STR 28FR SOFT	CS	1	0	41.00	41.00
Brand: Pleur-evac							

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International + 19193613964 Fax
Email cs@teleflex.com www.teleflex.com

EIN: 95-1867330

**Invoice**

No.	Date	Page	Due Date
9500378866	07/24/2018	2 of 2	08/23/2018
Payer Account No. 121369			

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
Batch No. 73E1800243 Exp. Date 04/30/2021							
000050	DSTC-32S	THORACIC CATH STR 32FR SOFT	CS	1	0	41.00	41.00
Brand: Pleur-evac							
Batch No. 73D1800156 Exp. Date 03/31/2021							
Comments:							
Sub-Total							287.00
Freight							15.65
Tax							21.19
Total USD							323.84
The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf							

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International + 19193613964 Fax
Email cs@teleflex.com www.teleflex.com

EIN: 95-1867330



ATTN : ERIN BURCHER
PHONE : (919)433-4891

DELIVERY NOTIFICATION

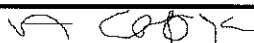
INQUIRY FROM: TELEFLEX MEDICAL HUDSON RCI
920 WESTPORT PKWY
FORT WORTH TX 76177

SHIPMENT TO: NA
303 MEDICAL CENTER DR
BATESVILLE MS 38606

Shipper Number.....**606923**

Tracking Identification Number...**1Z6069230377513863**

According to our records **1** parcel was delivered on **07/25/18** at **10:27 A.M.**, and left at **DOCK**. The shipment was received by **COOK** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
606923		1Z6069230377513863	303 MEDICAL CENTER DR BATESVILLE	

PZB1SHA:000A0000

**Invoice**

No.	Date	Page	Due Date
9500446114	08/15/2018	1 of 1	09/14/2018
Payer Account No. 121369			

Bill To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Ship To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Payment Remittance Address:

Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:

Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBUS6S

Overnight Remittance Address:

Teleflex Medical c/o Wells Fargo
Bank, NA
PO Box 601608
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
00740	4342904	Amanda Cook	8002577766	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085925941	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000020	121970	COLORBRMAN AIRWY 70MM 50I	BX	1	0	9.30	9.30
Brand: Rusch		Batch No. 1180305047					

Comments:

Sub-Total	9.30
Tax	0.65
Total USD	9.95

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International + 19193613964 Fax
Email cs@teleflex.com www.teleflex.com

EN: 95-1867330



March 5, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085925941**.

Delivery Information:

Status:	Delivered	Delivery location:	Batesville, MS
Signed for by:	ROVERALL	Delivery date:	Aug 16, 2018 14:48
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085925941	Ship date:	Aug 15, 2018
		Weight:	1.6 lbs/0.7 kg

Recipient:
Batesville, MS US

Shipper:
OLIVE BRANCH, MS US

Reference	00740
Purchase order number:	8002577766
RMA	8002577766
Shipment Id	613551085925941
Invoice number	1007495481

Thank you for choosing FedEx.

**Invoice**

No.	Date	Page	Due Date
9500449186	08/15/2018	1 of 1	09/14/2018
Payer Account No. 121369			

Bill To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Ship To Party **Account No. 121369**
Tri-Lakes Medical Center
Alliance Health Partners
303 Medical Center Drive
Batesville MS 38606-8608
USA

Payment Remittance Address:	Wire Transfer Remittance:	Overnight Remittance Address:
Teleflex Medical PO Box 601608 Charlotte, NC 28260-1608	Wells Fargo Bank, NA, Charlotte, NC Account No. 2000003325667 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Teleflex Medical c/o Wells Fargo Bank, NA PO Box 601608 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
00740	4342904	Amanda Cook	8002579222	FEDERAL EXPRESS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
613551085927617	Collect	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	121904	COLORBRMAN AIRWY 90MM 50I	BX	1	0	9.30	9.30
Brand: Rusch		Batch No. 1180331021 Exp. Date 12/30/9999					

Comments:

Sub-Total	9.30
Tax	0.65
Total USD	9.95

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent. To access our terms and conditions please visit https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 International + 19193613964 Fax
Email cs@teleflex.com www.teleflex.com

EIN: 95-1867330



March 5, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **613551085927617**.

Delivery Information:

Status:	Delivered	Delivery location:	Batesville, MS
Signed for by:	EMCJUNKIN	Delivery date:	Aug 17, 2018 13:18
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	613551085927617	Ship date:	Aug 16, 2018
		Weight:	2.6 lbs/1.2 kg

Recipient:
Batesville, MS US

Shipper:
OLIVE BRANCH, MS US

Reference	00740
Purchase order number:	8002579222
RMA	8002579222
Shipment Id	613551085927617
Invoice number	1007498041

Thank you for choosing FedEx.

	Claimed	Allowed
Secured		
Priority		
Administrative		