

Fill in this information to identify the case:

Debtor 1 Amory Regional Medical Center, Inc.
Debtor 2 dba Gilmore Memorial Regional
(Spouse, if filing)
United States Bankruptcy Court for the: Middle District of Tennessee
Case number 18-05675

FILED**DEC 03 2018****U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN****Official Form 410****Proof of Claim**

04/16

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Intuitive Surgical 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>Intuitive Surgical Inc.</u> Name <u>1020 Kifer Road, Bldg 108</u> Number Street <u>Sunnyvale, CA 94086</u> City State ZIP Code Contact phone <u>408.523.6907</u> Contact email <u>carolyn.atwell@intusurg.com</u>	Where should payments to the creditor be sent? (if different) <u>Intuitive Surgical Inc</u> Name <u>Dept 33629, PO Box 39000</u> Number Street <u>San Francisco, CA 94139</u> City State ZIP Code Contact phone <u>408.523.0753</u> Contact email <u>jay.dickerson@intusurg.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ 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? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 2 4 5

7. How much is the claim? \$ 122,338.25. Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ 122,338.25
Amount of the claim that is secured: \$ 0.00
Amount of the claim that is unsecured: \$ 122,338.25 (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

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

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

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

☒ No

☐ Yes. Check one:

Amount entitled to priority

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

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

\$ _____

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

\$ _____

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

\$ _____

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

\$ _____

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

\$ _____

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

\$ _____

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

Part 3: Sign Below

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

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

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

Check the appropriate box:

☐ I am the creditor.

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

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

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

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

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

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

Executed on date 11/30/2018
MM / DD / YYYY

Signature

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

Name Carolyn A. Atwell
First name Middle name Last name

Title Leasing Manager

Company Intuitive Surgical Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1020 Kifer Road
Number Street

Sunnyvale CA 94086

City State ZIP Code

Contact phone 408.523.6907 Email carolyn.atwell@intusurg.com

PO Number	Account	Document Date	Payment date	Document type	Billing Document	Terms of Payment	Amount in doc. curr.	Text
00173	32245	3/28/2018	4/27/2018	RV	901840449	NT30	1,009.95	Chapter 11 BK 08-24-18
00199	32245	4/23/2018	5/23/2018	RV	901864185	NT30	1,009.95	Chapter 11 BK 08-24-18
00201	32245	4/11/2018	5/11/2018	RV	1900446125	NT30	3,000.00	Chapter 11 BK 08-24-18
00262	32245	4/4/2018	5/4/2018	RV	901847498	NT30	609.95	Chapter 11 BK 08-24-18
00262	32245	4/4/2018	5/4/2018	RV	901847499	NT30	400.00	Chapter 11 BK 08-24-18
00470	32245	4/17/2018	5/17/2018	RV	901858726	NT30	1,309.95	Chapter 11 BK 08-24-18
00523	32245	4/18/2018	5/18/2018	RV	901861147	NT30	13,209.95	Chapter 11 BK 08-24-18
00549	32245	4/20/2018	5/20/2018	RV	901863904	NT30	209.95	Chapter 11 BK 08-24-18
00595	32245	4/25/2018	5/25/2018	RV	901867047	NT30	1,000.00	Chapter 11 BK 08-24-18
00595	32245	4/25/2018	5/25/2018	RV	901867749	NT30	3,579.95	Chapter 11 BK 08-24-18
00610	32245	4/25/2018	5/25/2018	RV	901867750	NT30	409.95	Chapter 11 BK 08-24-18
00691	32245	5/4/2018	6/3/2018	RV	901876503	NT30	1,009.95	Chapter 11 BK 08-24-18
00703	32245	5/4/2018	6/3/2018	RV	901877459	NT30	1,329.95	Chapter 11 BK 08-24-18
00837	32245	5/16/2018	6/15/2018	RV	901889261	NT30	209.95	Chapter 11 BK 08-24-18
00851	32245	5/17/2018	6/16/2018	RV	901890606	NT30	2,159.95	Chapter 11 BK 08-24-18
00862	32245	5/18/2018	6/17/2018	RV	901891074	NT30	2,309.95	Chapter 11 BK 08-24-18
00939	32245	5/25/2018	6/24/2018	RV	901898783	NT30	11,309.95	Chapter 11 BK 08-24-18
00939	32245	5/25/2018	6/24/2018	RV	901898784	NT30	600.00	Chapter 11 BK 08-24-18
01003	32245	7/17/2018	8/16/2018	RV	901949634	NT30	7,140.00	Chapter 11 BK 08-24-18
01003	32245	7/17/2018	8/16/2018	RV	901949635	NT30	1,000.00	Chapter 11 BK 08-24-18
01026	32245	6/4/2018	7/4/2018	RV	901905460	NT30	1,000.00	Chapter 11 BK 08-24-18
01026	32245	6/4/2018	7/4/2018	RV	901906601	NT30	409.95	Chapter 11 BK 08-24-18
01046	32245	6/5/2018	7/5/2018	RV	901908176	NT30	1,329.95	Chapter 11 BK 08-24-18
01062	32245	6/18/2018	7/18/2018	RV	901920185	NT30	11,209.95	Chapter 11 BK 08-24-18
01062	32245	6/18/2018	7/18/2018	RV	901920186	NT30	200.00	Chapter 11 BK 08-24-18
01092	32245	6/8/2018	7/8/2018	RV	901911216	NT30	1,009.95	Chapter 11 BK 08-24-18
01200	32245	6/19/2018	7/19/2018	RV	901921166	NT30	1,009.95	Chapter 11 BK 08-24-18
01232	32245	6/21/2018	7/21/2018	RV	901925369	NT30	9,359.95	Chapter 11 BK 08-24-18
01260	32245	6/22/2018	7/22/2018	RV	901926834	NT30	609.95	Chapter 11 BK 08-24-18
01283	32245	6/25/2018	7/25/2018	RV	901928119	NT30	1,434.95	Chapter 11 BK 08-24-18
01306	32245	6/26/2018	7/26/2018	RV	901928610	NT30	1,300.00	Chapter 11 BK 08-24-18
01306	32245	6/26/2018	7/26/2018	RV	901929726	NT30	409.95	Chapter 11 BK 08-24-18
01331	32245	6/28/2018	7/28/2018	RV	901931657	NT30	1,009.95	Chapter 11 BK 08-24-18
01338	32245	6/28/2018	7/28/2018	RV	901932733	NT30	609.95	Chapter 11 BK 08-24-18
01377	32245	7/2/2018	8/1/2018	RV	901936111	NT30	12,809.95	Chapter 11 BK 08-24-18
01412	32245	7/5/2018	8/4/2018	RV	901938943	NT30	209.95	Chapter 11 BK 08-24-18
01431	32245	7/6/2018	8/5/2018	RV	901939205	NT30	1,009.95	Chapter 11 BK 08-24-18
01483	32245	7/30/2018	8/29/2018	RV	1900473625	NT30	6,425.00	Chapter 11 BK 08-24-18
01500	32245	7/13/2018	8/12/2018	RV	901947425	NT30	409.95	Chapter 11 BK 08-24-18
01545	32245	7/17/2018	8/16/2018	RV	901949101	NT30	1,000.00	Chapter 11 BK 08-24-18
01545	32245	7/17/2018	8/16/2018	RV	901949633	NT30	209.95	Chapter 11 BK 08-24-18
01640	32245	7/26/2018	8/25/2018	RV	901959923	NT30	4,729.95	Chapter 11 BK 08-24-18
01674	32245	7/30/2018	8/29/2018	RV	901961605	NT30	1,009.95	Chapter 11 BK 08-24-18
01699	32245	7/31/2018	8/30/2018	RV	901963491	NT30	3,979.95	Chapter 11 BK 08-24-18
01877	32245	8/15/2018	9/14/2018	RV	901979221	NT30	209.95	Chapter 11 BK 08-24-18
01911	32245	8/17/2018	9/16/2018	RV	901981912	NT30	6,609.95	Chapter 11 BK 08-24-18
	32245						122,338.25	



Invoice Page 1 of 1	
Invoice Number	901840449
Invoice Date	03/28/2018
Credit Terms	Net 30
Purchase Order	00173

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARLY FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001488097
Order Date 03/28/2018
Date Shipped 03/28/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744968792970
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D173245	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,009.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

Purchase Order Number:	00173
------------------------	-------

V INTUITIVE SURGICAL INC
E 1266 KIPER RD
N SUNNYVALE, CA 94086
O PHN: (800) 876-1310
R FAX: 14085232377
ID:

S GILMORE MEMORIAL HOSPITAL
H 1105 EARL FRYE BLVD
I AMORY
P MS
T PHN: (662) 256-6218
O FAX: (662) 256-6149

B GILMORE MEMORIAL HOSPITAL
I PO BOX 459
L 1105 EARL FRYE BLVD
L AMORY, MS 38821
T PHN: (662) 256-6226
O FAX: (662) 256-1693

Vendor No.	Ordered by	Order Date	Expected Delivery Date	Terms/Freight		
1023	GMHDCAMPB	3/27/18	3/27/18	60 NET 60 DAYS BM BEST WAY		
Line No. / Item Number	Order Qty	Order Unit	Description / Catalog# / Mfg ID-Number	Dept / Expense To	Unit Price	Extended Price
001 308440	1	BX	KIT ROBOT ACCESSORY 3-ARM 420290 420290	701 701400	1,000.00	1,000.00
SUBTOTAL:					1,000.00	
TAX:					.00	
TOTAL AMOUNT:					1,000.00	

Authorized Signature



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968792970**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	B.DOBBS	Delivery date:	Mar 30, 2018 09:48
Service type:	FedEx 2Day		
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:	744968792970	Ship date:	Mar 28, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4925241

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901864185
Invoice Date	04/23/2018
Credit Terms	Net 30
Purchase Order	00199

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARLY FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001507281
Order Date 04/23/2018
Date Shipped 04/23/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744968834098
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D173435	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,009.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

00199

Purchase Order Number:

VENDOR:

INTUITIVE SURGICAL INC
1266 KIPER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. 1023
Ordered By GMHDCAMPB

Order Date 3/28/18

Expected Delivery Date 3/28/18

Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 308440	1	BX	KIT ROBOT ACCESSORY 3-ARM 420290 420290 REQUEST FROM STORAGE AREA SUR BIN LOCATION E1A	701 701400	1,000.00	1,000.00
002 320646	1	BX	MONITOR DRAPE 420281 420281 REQUEST FROM STORAGE AREA SUR	701 701400	560.00	560.00

SUBTOTAL: 1,560.00
TAX: .00
TOTAL AMOUNT: 1,560.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968834098**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Apr 25, 2018 09:47
Service type:	FedEx 2Day		
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:	744968834098	Ship date:	Apr 23, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4946061

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	1900446125
Invoice Date	04/11/2018
Credit Terms	Net 30
Purchase Order	00201

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARLY FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1254730
Order Date 03/28/2018
Date Shipped 03/28/2018
Ship Via 03 FedEx Standard Overn
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
11	655858-03 CFG,TOSHIBA HD GLENAIR CAM-01:F07	1	0	EA	3,000.00	N	3,000.00

Currency: USD

Subtotal	3,000.00
Shipping	0.00
Tax	0.00
Total	3,000.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

INTUITIVE
SURGICAL

Intuitive Surgical Advanced Exchange Program

TO INITIATE THE ADVANCED EXCHANGE:

Step 1: Complete the form below and contact ISI Customer Service via your preferred method:

Call: 800-876-1310 Option 3

Fax: 408-523-2379

Email: customerservice@Intusurg.com

Online: www.davincisurgerycommunity.com

Step 2: Submit applicable purchase order (PO) by Email, Fax or online, by logging into our *da Vinci* Surgery Customer Portal

CUSTOMER INFORMATION

Date 03/28/18

RMA # 1254730

Hospital Name Bilmore Memorial Hospital

Ship-to Address 1105 Earl Frye Blvd Amory, MS 38821

Attention Joyce McClaine

PO # _____

Defective Part # 655858-03

Serial # SF1132005

da Vinci System # _____

Problem Description: Fogging Issue

Focusing Issue

Color or Darkness

Not Recognized by the System

Physical Damage

Other: cond into

Replacement Scope Type Requested

Standard Scope (Human Use)

Training Scope (Lab Use)

EVENT INFORMATION

Did anything fall into a patient during a surgical procedure?

Yes

No

Was there any patient harm or injury?

Yes

No

Event Details (if applicable): _____

TERMS & CONDITIONS

Contract Pricing				
System	Product	Basic Repair	Advanced Repair	Non-Contract Pricing
da Vinci Xi	8 mm Endoscope w/Camera	\$2,500	\$9,000	\$25,000
da Vinci Si	8.5 mm Endoscope		\$6,425	\$12,000
	8.5 mm Fluorescence		\$6,725	\$15,000
	12 mm Endoscope		\$5,250	\$10,000
	12 mm Fluorescence		\$5,650	\$12,000
da Vinci S / Standard	8.5 mm Endoscope		\$5,925	\$12,000
	12 mm Fluorescence		\$4,500	\$10,000
da Vinci Si Camera	3D HD		\$3,000	\$9,000
	3D HD Fluorescence		\$3,000	\$9,000

*All fees subject to change

• Upon receipt of completed form and a hard copy PO, a replacement endoscope/camera will be shipped Standard Overnight. Product is covered by a 1 year comprehensive warranty.

• Please follow the detailed instructions included with the advanced replacement. Product not received within 10 days of the advanced exchange shipment may be subject to an invoice at the list price.

• Accessories received with failed endoscope/camera, i.e. sterilization trays, alignment targets, camera cables or other accessories, will be disposed of upon receipt.

CUSTOMER ACKNOWLEDGEMENT

Print Name James Presnell

Title 3 / 28 / 2018

Phone # 662-256-6075

Signature James Presnell

Date 3-28-17

I acknowledge the above terms and conditions

GILMORE MEMORIAL HOSPITAL

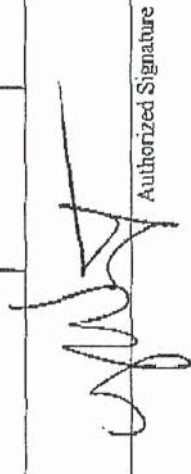
Purchase
Order
Number: 00201

V INTUITIVE SURGICAL INC
E 1266 KIFER RD
N SUNNYVALE, CA 94086
D
O PHN: (800)876-1310
R FAX: 14085232377
ID:

S GILMORE MEMORIAL HOSPITAL
H 1105 EARL FRYE BLVD
I AMORY 38821
P MS
T PHN: (662)256-6218
O FAX: (662)256-6149

B GILMORE MEMORIAL HOSPITAL
I PO BOX 459
L 1105 EARL FRYE BLVD 38821
L AMORY, MS
T PHN: (662)256-6226
O FAX: (662)256-1693

Vendor No.	Ordered by	Order Date	Expected Delivery Date	Terms/Freight		
I023	GMHNRICH	3/28/18	3/28/18	60 NET 60 DAYS BW BEST WAY		
Line No / Item Number	Order Qty	Order Unit	Description / Catalog# / Mfg ID-Number	Dept / Expense To	Unit Price	Extended Price
0001 9999999	1	EA	REPAIR CAMERA AND LIGHT CORD REPAIR REPLACE	701 701425	3,000.00	3,000.00
					SUBTOTAL:	3,000.00
					TAX:	.00
					TOTAL AMOUNT:	3,000.00


Authorized Signature



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **423031944998**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.DOBBS	Delivery date:	Mar 29, 2018 09:36
Service type:	FedEx Standard 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:	423031944998	Ship date:	Mar 28, 2018
-------------------------	--------------	-------------------	--------------

Recipient:	Shipper:
AMORY, MS US	MEMPHIS, TN US

Reference	00201
------------------	-------

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901847499
Invoice Date	04/04/2018
Credit Terms	Net 30
Purchase Order	00262

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARLY FRYE BLVD
AMORY MS 38821

Sold To . 32245
Sales Order No 1001492617
Order Date 04/03/2018
Date Shipped 04/04/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 780379464147
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
20	420206-03 CANNULA SEAL,8.5-13MM,BOX OF 10,CE MARKE Batch No: 1287843	1	0	BOX	400.00	N	400.00

Currency: USD

Subtotal	400.00
Shipping	0.00
Tax	0.00
Total	400.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



Invoice Page 1 of 1	
Invoice Number	901847498
Invoice Date	04/04/2018
Credit Terms	Net 30
Purchase Order	00262

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001492617
Order Date 04/03/2018
Date Shipped 04/04/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 780377845952
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420023-02 BLADELESS OBTURATOR,8MM,DA VINCI S REG,B Batch No: 73M1700005	1	0	BOX	600.00	N	600.00

Currency: USD

Subtotal	600.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	609.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

Purchase
Order
Number: **00262**

V INTUITIVE SURGICAL INC
E 1266 KIEFER RD
N SUNNYVALE, CA
D
O PHN: (800) 876-1310
R FAX: 14085232377
ID:

S GILMORE MEMORIAL HOSPITAL
H 1105 EARL FRYE BLVD
I AMORY
P MS
T PHN: (662) 256-6218
O FAX: (662) 256-6149

B GILMORE MEMORIAL HOSPITAL
I PO BOX 459
L 1105 EARL FRYE BLVD
L AMORY, MS
T PHN: (662) 256-6226
O FAX: (662) 256-1693

Vendor No	Ordered by	Order Date	Expected Delivery Date	Terms/Freight		
1023	GMHDCAMPB	4/02/18	4/02/18	60 NET 60 DAYS BW BEST WAY		
Line No / Item Number	Order Qty	Order Unit	Description / Catalog# / Mfg ID-Number	Dept / Expense To	Unit Price	Extended Price
001 267290	1	BX	OBTURATOR 8MM BLADELESS 420023 420023	701 701400	600.00	600.00
			REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B			
002 373762	1	BX	CANNULA CAMERA SEAL 8.5MM-13MM 420206 420206	701 701400	400.00	400.00
			REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B			
	2					
SUBTOTAL:						1,000.00
TAX:						.00
TOTAL AMOUNT:						1,000.00

Authorized Signature



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **780377845952**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Apr 6, 2018 09:38
Service type:	FedEx 2Day		
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:	780377845952	Ship date:	Apr 4, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
SOUTHAVEN, MS US

Reference

1001492617/1701479265

Thank you for choosing FedEx.



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **780379464147**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Apr 6, 2018 09:38
Service type:	FedEx 2Day		
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:	780379464147	Ship date:	Apr 4, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001492617/1701479266

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901858726
Invoice Date	04/17/2018
Credit Terms	Net 30
Purchase Order	00470

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARLY FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001502020
Order Date 04/16/2018
Date Shipped 04/17/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744968820437
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420291-03 KIT,DISPOSABLE ACCESSORY,4ARM,IS3000,5 P Batch No: D173487	1	0	BOX	1,300.00	N	1,300.00

Currency: USD

Subtotal	1,300.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,309.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

00470

Purchase Order Number:

VENDOR:

INTUITIVE SURGICAL, INC
1266 KIPER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. 1023
Ordered By GMMWRIGH

Order Date 4/16/18

Expected Delivery Date 4/16/18

Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./Item Number	Order Qty	Order Unit
001 308441	1	BX

Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
KIT ROBOT ACCESSORY 4-ARM 420291 420291	701 1,300.00		1,300.00
REQUEST FROM STORAGE AREA SUR BIN LOCATION E1B 701400			

SUBTOTAL: 1,300.00
TAX: .00
TOTAL AMOUNT: 1,300.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968820437**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Apr 19, 2018 09:53
Service type:	FedEx 2Day		
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:	744968820437	Ship date:	Apr 17, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4940402

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901861147
Invoice Date	04/18/2018
Credit Terms	Net 30
Purchase Order	00523

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARLY FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001504385
Order Date 04/18/2018
Date Shipped 04/18/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 780584880860
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420179-15 ASSEMBLY,MONOPOLAR CURVED SCISSORS,8MM,I Batch No: N11180314	2	0	EA	3,200.00	N	6,400.00
20	420183-12 ASSEMBLY,PERMANENT CAUTERY HOOK,8MM,IS20 Batch No: N10180226	1	0	EA	2,000.00	N	2,000.00
30	420309-06 ASSEMBLY,MEGASUTURECUT ND,IS2000 Batch No: N10180215	2	0	EA	2,400.00	N	4,800.00

Currency: USD

Subtotal	13,200.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	13,209.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

Purchase Order Number:

00523

VENDOR:

INTUITIVE SURGICAL, INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

MS
PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. 1023
Ordered By GMHDCAMPB

Order Date 4/18/18

Expected Delivery Date 4/18/18

Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 173499	2	EA	SHEARS HOT ENDOWRIST DA VINCI 420179 420179 REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D	701 701425	3,200.00	6,400.00
002 173500	1	EA	HOOK CAUTERY PERMANENT DAVINCI 420183 420183 REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D	701 701425	2,000.00	2,000.00
003 373770	2	EA	DRIVER NEEDLE SUTURE CUT 420309 420309	701 701425	2,400.00	4,800.00

GILMORE MEMORIAL HOSPITAL

00523

Purchase Order Number:

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

MS
PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. Ordered By
1023 GMHDCAMPB

Order Date
4/18/18

Expected Delivery Date
4/18/18

Terms/Freight
60 NET 60 DAYS
BW BEST WAY

REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D

5

SUBTOTAL: 13,200.00
TAX: .00
TOTAL AMOUNT: 13,200.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **780584880860**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Apr 20, 2018 10:08
Service type:	FedEx 2Day		
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:	780584880860	Ship date:	Apr 18, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001504385/1701492340

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901863904
Invoice Date	04/20/2018
Credit Terms	Net 30
Purchase Order	00549

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARLY FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001506336
Order Date 04/20/2018
Date Shipped 04/20/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 780617242592
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	400180-14 TIP COVER ACCESSORY, DISPOSABLE, 8MM MCS, B Batch No: M10180223	1	0	BOX	200.00	N	200.00

Currency: USD

Subtotal	200.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	209.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

Purchase Order Number:

GILMORE MEMORIAL HOSPITAL

00549

VENDOR:

INTUITIVE SURGICAL INC
1266 KIPER RD
SUNNYVALE, CA

94086
PHN: (800)876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS 38821
PHN: (662)256-6218
FAX: (662)256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD

AMORY, MS 38821
PHN: (662)256-6226
FAX: (662)256-1693

Vendor No.	Ordered By	Order Date	Expected Delivery Date	Terms/Freight
I023	GMHMRIGH	4/20/18	4/20/18	60 NET 60 DAYS BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 238241	1	BX	TIP COVER ACCESSORY HOT SHEAR 400180 400180 REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B	701 701400	200.00	200.00
1						SUBTOTAL: 200.00
						TAX: .00
						TOTAL AMOUNT: 200.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **780617242592**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Apr 23, 2018 09:35
Service type:	FedEx 2Day		
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:	780617242592	Ship date:	Apr 20, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001506336/1701494823

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901867749
Invoice Date	04/25/2018
Credit Terms	Net 30
Purchase Order	00595

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001509346
Order Date 04/25/2018
Date Shipped 04/25/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 780691704664
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
20	410322-05 ASSEMBLY,VESSEL SEALER,IS3000,6-PACK Batch No: M10180110	1	0	BOX	3,570.00	N	3,570.00

Currency: USD

Subtotal	3,570.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	3,579.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



Invoice Page 1 of 1	
Invoice Number	901867047
Invoice Date	04/25/2018
Credit Terms	Net 30
Purchase Order	00595

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
 HEALTH MANAGEMENT ASSOC INC - FL
 1105 EARL FRYE BLVD
 AMORY MS 38821
 ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY MS 38821

Sold To 32245
Sales Order No 1001509346
Order Date 04/25/2018
Date Shipped 04/25/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744968838347
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
 FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D173455	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Tax	0.00
Total	1,000.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
 www.intuitivesurgical.com
 Phone 408.523.2100 Fax 408.523.1390
 Tax ID: 77-0416458
 D&B: 93-864-7021

Purchase Order Number:

GILMORE MEMORIAL HOSPITAL

00595

VENDOR:

INTUITIVE SURGICAL INC
1266 KIPER RD
SUNNYVALE, CA 94086
PHN: (800)876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821
PHN: (662)256-6218
FAX: (662)256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS 38821
PHN: (662)256-6226
FAX: (662)256-1693

Vendor No. I023 Ordered By GMHWRIGH Order Date 4/25/18 Expected Delivery Date 4/25/18 Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 308440	1	BX	KIT 3 ARM ROBOT ACCESORY 420290 420290 REQUEST FROM STORAGE AREA SUR BIN LOCATION E1A	701 701400	1,000.00	1,000.00

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
002 413063	1	BX	SEALER ENDOWRIST ONE VESSEL 410322 410322 REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3E	701 701400	3,570.00	3,570.00

SUBTOTAL: 4,570.00
TAX: .00
TOTAL AMOUNT: 4,570.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968838347**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	P.DOBBS	Delivery date:	Apr 27, 2018 11:23
Service type:	FedEx 2Day		
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:	744968838347	Ship date:	Apr 25, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4948052

Thank you for choosing FedEx.



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **780691704664**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	P.DOBBS	Delivery date:	Apr 27, 2018 11:23
Service type:	FedEx 2Day		
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:	780691704664	Ship date:	Apr 25, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001509346/1701498258

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901867750
Invoice Date	04/25/2018
Credit Terms	Net 30
Purchase Order	00610

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001509940
Order Date 04/25/2018
Date Shipped 04/25/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 780694078666
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420206-03 CANNULA SEAL,8.5-13MM,BOX OF 10,CE MARKE Batch No: 1287843	1	0	BOX	400.00	N	400.00

Currency: USD

Subtotal	400.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	409.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

00610

Purchase Order Number:

VENDOR:

INTUITIVE SURGICAL INC
1266 KIPER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

MS
PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. 1023
Ordered By GMMHWRIGH

Order Date 4/25/18

Expected Delivery Date 4/25/18

Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 373762	1	BX	CANNULA CAMERA SEAL 8.5MM-13MM 420206 420206 REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B	701 701400	400.00	400.00

1
SUBTOTAL: 400.00
TAX: .00
TOTAL AMOUNT: 400.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **780694078666**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	P.DOBBS	Delivery date:	Apr 27, 2018 11:23
Service type:	FedEx 2Day		
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:	780694078666	Ship date:	Apr 25, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001509940/1701498773

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901876503
Invoice Date	05/04/2018
Credit Terms	Net 30
Purchase Order	00691

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001516318
Order Date 05/03/2018
Date Shipped 05/04/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744968855660
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D180025	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,009.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

Purchase Order Number:

GILMORE MEMORIAL HOSPITAL

00691

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800)876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS

PHN: (662)256-6218
FAX: (662)256-6149

38821

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS
PHN: (662)256-6226
FAX: (662)256-1693

38821

Vendor No. I023 Ordered By GMHDCAMPB Order Date 5/03/18 Expected Delivery Date 5/03/18 Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 308440	1	BX	KIT 3 ARM ROBOT ACCESSORY 420290 420290 REQUEST FROM STORAGE AREA SUR BIN LOCATION E1A	701 701400	1,000.00	1,000.00

SUBTOTAL: 1,000.00
TAX: .00
TOTAL AMOUNT: 1,000.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968855660**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	May 7, 2018 09:38
Service type:	FedEx 2Day		
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:	744968855660	Ship date:	May 4, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4956759

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901877459
Invoice Date	05/04/2018
Credit Terms	Net 30
Purchase Order	00703

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001517382
Order Date 05/04/2018
Date Shipped 05/04/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 780830778660
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	410299-03 ASSEMBLY,SUCTION/IRRIGATOR INSTRUMENT,6- Batch No: M10180209	1	0	BOX	1,320.00	N	1,320.00

Currency: USD

Subtotal	1,320.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,329.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

Purchase Order Number:

GILMORE MEMORIAL HOSPITAL

00703

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS

PHN: (662) 256-6218
FAX: (662) 256-6149

38821

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459

1105 EARL FRYE BLVD

AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No.
I023

Ordered By
GMHMRIGH

Order Date
5/04/18

Expected Delivery Date Terms/Freight
5/04/18 60 NET 60 DAYS
BW BEST WAY

Line No. / Item Number	Order Qty	Order Unit	Description / Catalog# / Mfg ID-Number	Dept / Expense To	Unit Price	Extended Price
001 336598	1	CS	IRRIGATOR ENDOWRIST 410299 410299	701 1,320.00	1,320.00	1,320.00
			REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3A	701400		

1

SUBTOTAL: 1,320.00
TAX: .00
TOTAL AMOUNT: 1,320.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **780830778660**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	May 7, 2018 09:38
Service type:	FedEx 2Day		
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:	780830778660	Ship date:	May 4, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001517382/1701507038

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901889261
Invoice Date	05/16/2018
Credit Terms	Net 30
Purchase Order	00837

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001526862
Order Date 05/16/2018
Date Shipped 05/16/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781002721069
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	400180-14 TIP COVER ACCESSORY, DISPOSABLE, 8MM MCS, B Batch No: M11180307	1	0	BOX	200.00	N	200.00

Currency: USD

Subtotal	200.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	209.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

00837

Purchase Order Number:

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. 1023
Ordered By GMMHMRIGH

Order Date 5/16/18
Expected Delivery Date 5/16/18

Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./Item Number 001
Order Qty 1
Order Unit BX

Description/ Catalog# / Mfg ID-Number
TIP COVER ACCESSORY HOT SHEAR
400180 400180
701400
REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B

Dept/Expense To Unit Price Extended Price
701 200.00 200.00

1

SUBTOTAL: 200.00
TAX: .00
TOTAL AMOUNT: 200.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781002721069**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.WRIGHT	Delivery date:	May 18, 2018 09:50
Service type:	FedEx 2Day		
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:	781002721069	Ship date:	May 16, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001526862/1701517563

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901890606
Invoice Date	05/17/2018
Credit Terms	Net 30
Purchase Order	00851

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001527968
Order Date 05/17/2018
Date Shipped 05/17/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781019734145
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	400272-02 HARMONIC ACE,DA VINCI INSERT,5-PACK Batch No: M10170905	1	0	EA	2,150.00	N	2,150.00

Currency: USD

Subtotal	2,150.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	2,159.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781019734145**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	May 21, 2018 09:30
Service type:	FedEx 2Day		
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:	781019734145	Ship date:	May 17, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001527968/1701518679

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901891074
Invoice Date	05/18/2018
Credit Terms	Net 30
Purchase Order	00862

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001528605
Order Date 05/18/2018
Date Shipped 05/18/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744968884894,909
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail: AR@intusurg.com

GMHMRWRIGHT
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D171455R	1	0	BOX	1,000.00	N	1,000.00
20	420291-03 KIT,DISPOSABLE ACCESSORY,4ARM,IS3000,5 P Batch No: D180117	1	0	BOX	1,300.00	N	1,300.00

Currency: USD

Subtotal	2,300.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	2,309.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

Purchase Order Number:

GILMORE MEMORIAL HOSPITAL

00862

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA 94086
PHN: (800)876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821
PHN: (662)256-6218
FAX: (662)256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS 38821
PHN: (662)256-6226
FAX: (662)256-1693

Vendor No. I023
Ordered By GMHMRIGH

Order Date 5/18/18
Expected Delivery Date 5/18/18
Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 308440	1	BX	KIT 3 ARM ROBOT ACCESSORY 420290 420290 REQUEST FROM STORAGE AREA SUR BIN LOCATION E1A	701 701400	1,000.00	1,000.00

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
002 308441	1	BX	KIT 4 ARM ROBOT ACCESSORY 420291 420291 REQUEST FROM STORAGE AREA SUR BIN LOCATION E1B	701 701400	1,300.00	1,300.00

2
SUBTOTAL: 2,300.00
TAX: .00
TOTAL AMOUNT: 2,300.00



November 29, 2018

Dear Customer:

Proof-of-delivery letters are being provided for the following shipments:

744968884894	AMORY,MS
744968884909	AMORY,MS

You may save or print this Batch Signature Proof of Delivery file for your records.

Thank you for choosing FedEx.

FedEx
1.800.GoFedEx 1.800.463.3339



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968884894**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	May 21, 2018 09:30
Service type:	FedEx 2Day		
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:	744968884894	Ship date:	May 18, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4968437

Thank you for choosing FedEx.



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968884909**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	May 21, 2018 09:30
Service type:	FedEx 2Day		
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:	744968884909	Ship date:	May 18, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4968437

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901898783
Invoice Date	05/25/2018
Credit Terms	Net 30
Purchase Order	00939

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001534661
Order Date 05/25/2018
Date Shipped 05/25/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781138556554
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420093-12 ASSEMBLY,PROGRASP FORCEPS,8MM,IS2000 Batch No: N11180326	1	0	EA	2,200.00	N	2,200.00
20	420179-15 ASSEMBLY,MONOPOLAR CURVED SCISSORS,8MM,I Batch No: N11180423	2	0	EA	3,200.00	N	6,400.00
40	420205-13 ASSEMBLY,FENESTRATED BIPOLAR FORCEPS,8MM Batch No: N11180417	1	0	EA	2,700.00	N	2,700.00

Currency: USD

Subtotal	11,300.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	11,309.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



Invoice Page 1 of 1	
Invoice Number	901898784
Invoice Date	05/25/2018
Credit Terms	Net 30
Purchase Order	00939

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001534661
Order Date 05/25/2018
Date Shipped 05/25/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781137333941
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
30	420023-02 BLADELESS OBTURATOR,8MM,DA VINCI S REG,B Batch No: 73A1800218	1	0	BOX	600.00	N	600.00

Currency: USD

Subtotal	600.00
Shipping	0.00
Tax	0.00
Total	600.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

Purchase Order Number:

00939

GILMORE MEMORIAL HOSPITAL

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800)876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY
MS 38821
PHN: (662)256-6218
FAX: (662)256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS 38821
PHN: (662)256-6226
FAX: (662)256-1693

Vendor No. I023 Ordered By GMHMRIGH Order Date 5/25/18 Expected Delivery Date 5/25/18 Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 173496	1	EA	GRASPER ENDOWRIST PROGRASP 420093 420093	701	2,200.00	2,200.00
			REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D	701425		

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
002 173499	2	EA	SHEARS HOT ENDOWRIST DA VINCI 420179 420179	701	3,200.00	6,400.00
			REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D	701425		

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
003 267290	1	BX	OBTURATOR 8MM BLADELESS 420023 420023	701	600.00	600.00
				701400		

Purchase Order Number:

00939

GILMORE MEMORIAL HOSPITAL

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086
PHN: (800)876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS 38821
PHN: (662)256-6218
FAX: (662)256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS 38821
PHN: (662)256-6226
FAX: (662)256-1693

Vendor No. I023 Ordered By GMHMRIGH Order Date 5/25/18 Expected Delivery Date 5/25/18 Terms/Freight 60 NET 60 DAYS
BW BEST WAY

REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
004 280455	1	EA	FORCEP FENESTRATED BIOPOLAR 420205 420205	701 701425	2,700.00	2,700.00
REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D						
5						
SUBTOTAL:						11,900.00
TAX:						.00
TOTAL AMOUNT:						11,900.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781138556554**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	May 29, 2018 09:39
Service type:	FedEx 2Day		
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:	781138556554	Ship date:	May 25, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001534661/1701526304

Thank you for choosing FedEx.



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781137333941**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	May 29, 2018 09:39
Service type:	FedEx 2Day		
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:	781137333941	Ship date:	May 25, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SOUTHAVEN, MS US

Reference

1001534661/1701526305

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901949634
Invoice Date	07/17/2018
Credit Terms	Net 30
Purchase Order	01003

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001539912
Order Date 06/04/2018
Date Shipped 07/17/2018
Ship Via 03 FedEx Standard Overn
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781901286531, 781901286472
Carrier Account

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

GMHMRIGH
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
30	410322-05 ASSEMBLY,VESSEL SEALER,IS3000,6-PACK Batch No: M11180322	2	0	BOX	3,570.00	N	7,140.00

Currency: USD

Subtotal	7,140.00
Shipping	0.00
Tax	0.00
Total	7,140.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



Invoice Page 1 of 1	
Invoice Number	901949635
Invoice Date	07/17/2018
Credit Terms	Net 30
Purchase Order	01003

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001539912
Order Date 06/04/2018
Date Shipped 07/17/2018
Ship Via 03 FedEx Standard Overn
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781900525314
Carrier Account

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

GMHMMWRIGH
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
40	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D180617	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Tax	0.00
Total	1,000.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



November 30, 2018

Dear Customer:

Proof-of-delivery letters are being provided for the following shipments:

781901286531

AMORY,MS

781901286472

AMORY,MS

You may save or print this Batch Signature Proof of Delivery file for your records.

Thank you for choosing FedEx.

FedEx

1.800.GoFedEx 1.800.463.3339



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781901286531**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jul 18, 2018 09:48
Service type:	FedEx Standard 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:	781901286531	Ship date:	Jul 17, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001539912/1701571502

Thank you for choosing FedEx.



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781901286472**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jul 18, 2018 09:48
Service type:	FedEx Standard 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:	781901286472	Ship date:	Jul 17, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001539912/1701571502

Thank you for choosing FedEx.



November 30,2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781900525314**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jul 18, 2018 09:48
Service type:	FedEx Standard 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:	781900525314	Ship date:	Jul 17, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SOUTHAVEN, MS US

Reference

1001539912/1701571503

Thank you for choosing FedEx.

GILMORE MEMORIAL HOSPITAL

01003

Purchase Order Number:

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. I023
Ordered By GMMHMRIGH

Order Date 6/04/18
Expected Delivery Date 6/04/18

Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg	ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 9999999	2	BX	VESSEL SEALER	410322	701	3,570.00	7,140.00
002 9999999	1	BX	3ARM DRAPE KIT	420290	701	1,000.00	1,000.00

3

SUBTOTAL: 8,140.00
TAX: .00
TOTAL AMOUNT: 8,140.00



Invoice Page 1 of 1	
Invoice Number	901905460
Invoice Date	06/04/2018
Credit Terms	Net 30
Purchase Order	01026

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001540494
Order Date 06/04/2018
Date Shipped 06/04/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 414549589077
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D180297	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Tax	0.00
Total	1,000.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



Invoice Page 1 of 1	
Invoice Number	901906601
Invoice Date	06/04/2018
Credit Terms	Net 30
Purchase Order	01026

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001540494
Order Date 06/04/2018
Date Shipped 06/04/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781267460082
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
20	420206-03 CANNULA SEAL,8.5-13MM,BOX OF 10,CE MARKE Batch No: 1287845	1	0	BOX	400.00	N	400.00

Currency: USD

Subtotal	400.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	409.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

01026

Purchase Order Number:

VENDOR:

INTUITIVE SURGICAL INC
1266 KIPER RD
SUNNYVALE, CA 94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY MS 38821

PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS 38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. 1023
Ordered By GMMHWRIGH

Order Date 6/04/18

Expected Delivery Date 6/04/18

Terms/Freight 60 NET 60 DAYS
BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 308440	1	BX	KIT 3 ARM ROBOT ACCESSORY 420290 420290 REQUEST FROM STORAGE AREA SUR BIN LOCATION E1A	701 701400	1,000.00	1,000.00
002 373762	1	BX	CANNULA CAMERA SEAL 8.5MM-13MM 420206 420206 REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B	701 701400	400.00	400.00

2
SUBTOTAL: 1,400.00
TAX: .00
TOTAL AMOUNT: 1,400.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **414549589077**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MC NESSE	Delivery date:	Jun 6, 2018 10:14
Service type:	FedEx 2Day		
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:	414549589077	Ship date:	Jun 4, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference 4981669

Thank you for choosing FedEx.



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781267460082**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MC NESSE	Delivery date:	Jun 6, 2018 10:14
Service type:	FedEx 2Day		
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:	781267460082	Ship date:	Jun 4, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001540494/1701532623

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901908176
Invoice Date	06/05/2018
Credit Terms	Net 30
Purchase Order	01046

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001541756
Order Date 06/05/2018
Date Shipped 06/05/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781287377672
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	410299-03 ASSEMBLY,SUCTION/IRRIGATOR INSTRUMENT,6- Batch No: M11180302	1	0	BOX	1,320.00	N	1,320.00

Currency: USD

Subtotal	1,320.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,329.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781287377672**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOMER	Delivery date:	Jun 7, 2018 09:49
Service type:	FedEx 2Day		
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:	781287377672	Ship date:	Jun 5, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001541756/1701534097

Thank you for choosing FedEx.



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781466949930**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jun 20, 2018 09:28
Service type:	FedEx 2Day		
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:	781466949930	Ship date:	Jun 18, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001542604/1701544547

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901920185
Invoice Date	06/18/2018
Credit Terms	Net 30
Purchase Order	01062

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001542604
Order Date 06/06/2018
Date Shipped 06/18/2018
Ship Via 03 FedEx Standard Overn
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781466949930
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	400180-14 TIP COVER ACCESSORY,DISPOSABLE,8MM MCS,B Batch No: M10180418	1	0	BOX	200.00	N	200.00
20	420183-12 ASSEMBLY,PERMANENT CAUTERY HOOK,8MM,IS20 Batch No: N10180510	1	0	EA	2,000.00	N	2,000.00
30	420049-09 ASSEMBLY,CADIERE FORCEPS,8MM,IS2000 Batch No: N10171214	1	0	EA	2,000.00	N	2,000.00
40	420194-10 ASSEMBLY,MEGA NEEDLE DRIVER,8MM,IS2000 Batch No: N10180111	1	0	EA	2,200.00	N	2,200.00
50	420309-06 ASSEMBLY,MEGASUTURECUT ND,IS2000 Batch No: N10180403	2	0	EA	2,400.00	N	4,800.00

Currency: USD

Subtotal	11,200.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	11,209.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



Invoice Page 1 of 1	
Invoice Number	901920186
Invoice Date	06/18/2018
Credit Terms	Net 30
Purchase Order	01062

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001542604
Order Date 06/06/2018
Date Shipped 06/18/2018
Ship Via 03 FedEx Standard Overn
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781476359822
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
60	400180-14 TIP COVER ACCESSORY,DISPOSABLE,8MM MCS,B Batch No: M10180419	1	0	BOX	200.00	N	200.00

Currency: USD

Subtotal	200.00
Shipping	0.00
Tax	0.00
Total	200.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

Purchase Order Number:

GILMORE MEMORIAL HOSPITAL

01062

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS

PHN: (662) 256-6218
FAX: (662) 256-6149

38821

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459

1105 EARL FRYE BLVD

AMORY, MS

38821

PHN: (662) 256-6226

FAX: (662) 256-1693

Vendor No.
I023

Ordered By
GMHMRIGH

Order Date
6/06/18

Expected Delivery Date
6/06/18

Terms/Freight

60 NET 60 DAYS

BW BEST WAY

6

SUBTOTAL: 11,200.00

TAX: .00

TOTAL AMOUNT: 11,200.00

Purchase Order Number:

GILMORE MEMORIAL HOSPITAL

01062

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800)876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS 38821

PHN: (662)256-6218
FAX: (662)256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS 38821
PHN: (662)256-6226
FAX: (662)256-1693

Vendor No. Ordered By
I023 GMHMRIGH

Order Date Expected Delivery Date Terms/Freight
6/06/18 6/06/18 60 NET 60 DAYS
BW BEST WAY

REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
004 286155	1	EA	DRIVER NEEDLE MEGA 420194 420194	701 701425	2,200.00	2,200.00

REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
005 373770	2	EA	DRIVER NEEDLE SUTURE CUT 420309 420309	701 701425	2,400.00	4,800.00

REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D

Purchase Order Number:

01062

GILMORE MEMORIAL HOSPITAL

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800)876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

MS
PHN: (662)256-6218
FAX: (662)256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS 38821
PHN: (662)256-6226
FAX: (662)256-1693

Vendor No.	Ordered By	Order Date	Expected Delivery Date	Terms/Freight
I023	GMHMRIGH	6/06/18	6/06/18	60 NET 60 DAYS
				BW BEST WAY

Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 238241	1	BX	TIP COVER ACCESSORY HOT SHEAR 400180 400180 REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B	701 701400	200.00	200.00
002 173500	1	EA	HOOK CAUTERY PERMANENT DAVINCI 420183 420183 REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D	701 701425	2,000.00	2,000.00
003 280465	1	EA	FORCEP CADIERE ROBOTIC 420049 420049	701 701425	2,000.00	2,000.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781476359822**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jun 19, 2018 09:46
Service type:	FedEx Standard 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:	781476359822	Ship date:	Jun 18, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001542604/1701545229

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901911216
Invoice Date	06/08/2018
Credit Terms	Net 30
Purchase Order	01092

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001544893
Order Date 06/08/2018
Date Shipped 06/08/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 414549594135
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D180385	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,009.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

Purchase Order Number:

GILMORE MEMORIAL HOSPITAL

01092

VENDOR:

INTUITIVE SURGICAL INC
1266 KIFER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

MS

PHN: (662) 256-6218
FAX: (662) 256-6149

38821

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459

1105 EARL FRYE BLVD

AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No.
I023

Ordered By
GMHMMWRIGH

Order Date
6/08/18

Expected Delivery Date
6/08/18

Terms/Freight
60 NET 60 DAYS

BW BEST WAY

Line No./ Item Number	Order Qty	Description/ Catalog# / Mfg ID-Number	Order Unit	Dept/ Expense To	Unit Price	Extended Price
001 308440	1	KIT 3 ARM ROBOT ACCESSORY 420290 420290	BX	701 1,000.00 701400	1,000.00	1,000.00
REQUEST FROM STORAGE AREA SUR BIN LOCATION E1A						

1

SUBTOTAL: 1,000.00
TAX: .00
TOTAL AMOUNT: 1,000.00



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **414549594135**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jun 11, 2018 09:56
Service type:	FedEx 2Day		
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:	414549594135	Ship date:	Jun 8, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4986355

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901921166
Invoice Date	06/19/2018
Credit Terms	Net 30
Purchase Order	01200

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001552239
Order Date 06/18/2018
Date Shipped 06/19/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744968943967
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

GMHMRIGH
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D180527	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,009.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

01200

Purchase Order Number:

VENDOR:

INTUITIVE SURGICAL INC
1266 KIEFER RD
SUNNYVALE, CA

94086

PHN: (800) 876-1310
FAX: 14085232377
ID: 704193

SHIP TO:

GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY

38821

PHN: (662) 256-6218
FAX: (662) 256-6149

BILL TO:

GILMORE MEMORIAL HOSPITAL
PO BOX 459
1105 EARL FRYE BLVD
AMORY, MS

38821

PHN: (662) 256-6226
FAX: (662) 256-1693

Vendor No. Ordered By
I023 GMMHMRIGH

Order Date Expected Delivery Date
6/18/18 6/18/18

Terms/Freight
60 NET 60 DAYS
BW BEST WAY

Line No./ Order Qty
Item Number 1
308440 1

Order Unit
BX

Description/
Catalog# / Mfg ID-Number
KIT 3 ARM ROBOT ACCESSORY
420290 420290

Dept/
Expense To
701 701400

Unit Price
1,000.00

Extended Price
1,000.00

REQUEST FROM STORAGE AREA SUR BIN LOCATION E1A

SUBTOTAL: 1,000.00
TAX: .00
TOTAL AMOUNT: 1,000.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968943967**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.WRIGHT	Delivery date:	Jun 21, 2018 09:37
Service type:	FedEx 2Day		
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:	744968943967	Ship date:	Jun 19, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

4994732

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901925369
Invoice Date	06/21/2018
Credit Terms	Net 30
Purchase Order	01232

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001555439
Order Date 06/21/2018
Date Shipped 06/21/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781532922402
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420194-10 ASSEMBLY,MEGA NEEDLE DRIVER,8MM,IS2000 Batch No: N10180111	2	0	EA	2,200.00	N	4,400.00
20	400272-02 HARMONIC ACE,DA VINCI INSERT,5-PACK Batch No: M10170920	1	0	EA	2,150.00	N	2,150.00
30	420327-04 ASSEMBLY,MEDIUM-LARGE CLIP APPLIER,8MM,I Batch No: N10180402	2	0	EA	1,400.00	N	2,800.00

Currency: USD

Subtotal	9,350.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	9,359.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID:
Confirmation #: 1001555439
Supplier: Intuitive Surgical Inc
Time PO Received: 06-21-2018 12:18
Delivery Option:

PO #: 01232
PO Amount: \$9,350.00
PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 3
Delivery Date:

Message: Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: Gilmore Memorial Hospital - Curae Health
 1105 Earl Frye Blvd
 Amory, MS 38821-5500 USA

Ship To Address: 704193
 Gilmore Memorial Hospital - Curae Health
 1105 Earl Frye Blvd
 Amory, MS 38821-5500 USA

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	0286155	420194	Accepted	DRIVER NEEDLE MEGA	2	EA	\$2,200.00	\$4,400.00
2	0323034	400272	Accepted	INSERT SHEAR HARMONIC ACE CRVD	1	BX	\$2,150.00	\$2,150.00
3	0330945	420327	Accepted	CLIP APPLIER MED/ LG HEM-O-LOK	2	EA	\$1,400.00	\$2,800.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781532922402**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Jun 25, 2018 09:58
Service type:	FedEx 2Day		
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:	781532922402	Ship date:	Jun 21, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001555439/1701549297

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901926834
Invoice Date	06/22/2018
Credit Terms	Net 30
Purchase Order	01260

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001556574
Order Date 06/22/2018
Date Shipped 06/22/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781547117687
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420024-02 BLADELESS OBTURATOR,8MM,DA VINCI S LONG, Batch No: 73B1800064	1	0	BOX	600.00	N	600.00

Currency: USD

Subtotal	600.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	609.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781547117687**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Jun 25, 2018 09:58
Service type:	FedEx 2Day		
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:	781547117687	Ship date:	Jun 22, 2018
-------------------------	--------------	-------------------	--------------

Recipient:	Shipper:
AMORY, MS US	SOUTHAVEN, MS US

Reference	1001556574/1701550541
------------------	-----------------------

Thank you for choosing FedEx.

GHX - Purchase Order**Buyer Organization:** Curae Health - Gilmore Memorial**Buyer ID:****Confirmation #:** 1001556574**Supplier:** Intuitive Surgical Inc**Time PO Received:** 06-22-2018 12:20**Delivery Option:****Message:**

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address:

BTU00000
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoiced Amount:**PO #:**

01260

PO Amount:

\$600.00

PO Type:

Stand Alone Order

Order Status:

Supplier Update Received

Total Lines:

1

Delivery Date:**Ship To Address:**

704193
GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoice Number(s):**Purchase Order Details**

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	286151	420024	Accepted	OBTURATOR BLADELESS LONG 8MM	1	BX	\$600.00	\$600.00



Invoice Page 1 of 1	
Invoice Number	901928119
Invoice Date	06/25/2018
Credit Terms	Net 30
Purchase Order	01283

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001557949
Order Date 06/25/2018
Date Shipped 06/25/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781580960287
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	428065-07 SINGLE-SITE PORT,8.5MM ENDO,BOX OF 10 Batch No: M10180223	1	0	BOX	1,425.00	N	1,425.00

Currency: USD

Subtotal	1,425.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,434.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID:
Confirmation #: 1001557949
Supplier: Intuitive Surgical Inc
Time PO Received: 06-25-2018 14:42
Delivery Option:
Message:

PO #: 01283
PO Amount: \$1,425.00
PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 1
Delivery Date: 06-25-2018

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	337818	428065	Accepted	PORT SINGLE-SITE 8.5MM ENDOSCOPE	1	BX	\$1,425.00	\$1,425.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781580960287**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Jun 27, 2018 10:12
Service type:	FedEx 2Day		
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:	781580960287	Ship date:	Jun 25, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001557949/1701551996

Thank you for choosing FedEx.


Invoice Page 1 of 1

Invoice Number	901928610
Invoice Date	06/26/2018
Credit Terms	Net 30
Purchase Order	01306

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To	32245
Sales Order No	1001559154
Order Date	06/26/2018
Date Shipped	06/26/2018
Ship Via	UPS
Incoterms	INTUITIVE WAREHOUSE
Bill Of Lading	744968962311
Carrier Account	FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

GMHMRIGH
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420291-03 KIT,DISPOSABLE ACCESSORY,4ARM,IS3000,5 P Batch No: D180717	1	0	BOX	1,300.00	N	1,300.00

Currency: USD

Subtotal	1,300.00
Shipping	0.00

Tax	0.00
Total	1,300.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



Invoice Page 1 of 1	
Invoice Number	901929726
Invoice Date	06/26/2018
Credit Terms	Net 30
Purchase Order	01306

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001559154
Order Date 06/26/2018
Date Shipped 06/26/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781600913520
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail: AR@intusurg.com

GMHMRWRIGH
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
20	420206-03 CANNULA SEAL,8.5-13MM,BOX OF 10,CE MARKE Batch No: 1294333	1	0	BOX	400.00	N	400.00

Currency: USD

Subtotal	400.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	409.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID: GMHMRWRIGHT
 Phone: 6622566218
 Fax: 662-256-6149

PO #: 01306
PO Amount: \$1,700.00

Confirmation #: 1001559154
Supplier: Intuitive Surgical Inc
Time PO Received: 06-26-2018 14:37
Delivery Option:

PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 2
Delivery Date: 06-26-2018

Message: Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	308441	420291	Accepted	KIT 4 ARM ROBOT ACCESORY	1	BX	\$1,300.00	\$1,300.00
2	373762	420206	Accepted	CANNULA CAMERA SEAL 8.5MM-13MM	1	BX	\$400.00	\$400.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968962311**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.DODD	Delivery date:	Jun 28, 2018 10:10
Service type:	FedEx Standard 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:	744968962311	Ship date:	Jun 27, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

5002200

Thank you for choosing FedEx.



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781600913520**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.DODD	Delivery date:	Jun 28, 2018 10:10
Service type:	FedEx 2Day		
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:	781600913520	Ship date:	Jun 26, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001559154/1701553289

Thank you for choosing FedEx.


Invoice Page 1 of 1

Invoice Number	901931657
Invoice Date	06/28/2018
Credit Terms	Net 30
Purchase Order	01331

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001561086
Order Date 06/28/2018
Date Shipped 06/28/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 414549623904
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D180737	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,009.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID:
Confirmation #: 1001561086
Supplier: Intuitive Surgical Inc
Time PO Received: 06-28-2018 10:48
Delivery Option:
Message:

PO #: 01331
PO Amount: \$1,000.00
PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 1
Delivery Date: 06-28-2018

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	308440	420290	Accepted	KIT 3 ARM ROBOT ACCESORY	1	BX	\$1,000.00	\$1,000.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **414549623904**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Jul 2, 2018 10:05
Service type:	FedEx 2Day		
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:	414549623904	Ship date:	Jun 28, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

5004409

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901932733
Invoice Date	06/28/2018
Credit Terms	Net 30
Purchase Order	01338

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001561489
Order Date 06/28/2018
Date Shipped 06/28/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781634842657
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420023-02 BLADELESS OBTURATOR,8MM,DA VINCI S REG,B Batch No: 73C1800034	1	0	BOX	600.00	N	600.00

Currency: USD

Subtotal	600.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	609.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID:
Confirmation #: 1001561489
Supplier: Intuitive Surgical Inc
Time PO Received: 06-28-2018 14:33
Delivery Option:
Message:

PO #: 01338
PO Amount: \$600.00
PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 1
Delivery Date: 06-28-2018

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	267290	420023	Accepted	OBTURATOR 8MM BLADELESS	1	BX	\$600.00	\$600.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781634842657**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Jul 2, 2018 10:05
Service type:	FedEx 2Day		
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:	781634842657	Ship date:	Jun 28, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SOUTHAVEN, MS US

Reference

1001561489/1701555811

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901936111
Invoice Date	07/02/2018
Credit Terms	Net 30
Purchase Order	01377

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001563860
Order Date 07/02/2018
Date Shipped 07/02/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781685293777
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420179-18 ASSEMBLY,MONOPOLAR CURVED SCISSORS,8MM,I Batch No: N11180110	4	0	EA	3,200.00	N	12,800.00

Currency: USD

Subtotal	12,800.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	12,809.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order**Buyer Organization:** Curae Health - Gilmore Memorial**Buyer ID:****Confirmation #:** 1001563860**Supplier:** Intuitive Surgical Inc**Time PO Received:** 07-02-2018 14:41**Delivery Option:****Message:**

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoiced Amount:**PO #:** 01377**PO Amount:** \$12,800.00**PO Type:** Stand Alone Order**Order Status:** Supplier Update Received**Total Lines:** 1**Delivery Date:** 07-02-2018

Ship To Address: 704193
GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoice Number(s):**Purchase Order Details**

Line #	Buyer Item #	Supplier Part #	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	173499	420179	Accepted	SHEARS HOT ENDOWRIST DA VINCI	4	EA	\$3,200.00	\$12,800.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781685293777**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.WRIGHT	Delivery date:	Jul 5, 2018 09:41
Service type:	FedEx 2Day		
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:	781685293777	Ship date:	Jul 2, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001563860/1701558409

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901938943
Invoice Date	07/05/2018
Credit Terms	Net 30
Purchase Order	01412

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001566195
Order Date 07/05/2018
Date Shipped 07/05/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781727887745
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	400180-14 TIP COVER ACCESSORY,DISPOSABLE,8MM MCS,B Batch No: M11180503	1	0	BOX	200.00	N	200.00

Currency: USD

Subtotal	200.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	209.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order**Buyer Organization:** Curae Health - Gilmore Memorial**Buyer ID:****Confirmation #:** 1001566195**Supplier:** Intuitive Surgical Inc**Time PO Received:** 07-05-2018 13:25**Delivery Option:**

Message: Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoiced Amount:**PO #:** 01412**PO Amount:** \$200.00**PO Type:** Stand Alone Order**Order Status:** Supplier Update Received**Total Lines:** 1**Delivery Date:**

Ship To Address: 704193
GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoice Number(s):**Purchase Order Details**

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	238241	400180	Accepted	TIP COVER ACCESSORY HOT SHEAR	1	BX	\$200.00	\$200.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781727887745**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jul 9, 2018 09:54
Service type:	FedEx 2Day		
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:	781727887745	Ship date:	Jul 5, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001566195/1701561060

Thank you for choosing FedEx.

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID:
Confirmation #: 1001567239
Supplier: Intuitive Surgical Inc
Time PO Received: 07-06-2018 13:38
Delivery Option:
Message:

PO #: 01431
PO Amount: \$1,000.00
PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 1
Delivery Date: 07-06-2018

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	308440	420290	Accepted	KIT 3 ARM ROBOT ACCESORY	1	BX	\$1,000.00	\$1,000.00



November 30,2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968977715**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Jul 9, 2018 09:54
Service type:	FedEx 2Day		
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:	744968977715	Ship date:	Jul 6, 2018
-------------------------	--------------	-------------------	-------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

5011264

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	1900473625
Invoice Date	07/30/2018
Credit Terms	Net 30
Purchase Order	01483

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1270009
Order Date 07/11/2018
Date Shipped 07/11/2018
Ship Via 03 FedEx Standard Overn
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail: AR@intusurg.com

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
11	371939-02 ENDOSCOPE,STEREO,8.5MM,30 DEG,SCHOELLY,G	1	0	EA	6,425.00	N	6,425.00

Currency: USD

Subtotal	6,425.00
Shipping	0.00
Tax	0.00
Total	6,425.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GILMORE MEMORIAL HOSPITAL

Purchase Order Number:	01483
------------------------	-------

V INTUITIVE SURGICAL INC
E 1266 KIEFER RD
N SUNNYSVALE, CA 94086
D PHN: (800) 876-1310
O FAX: 14085232377
R ID: 704193

S GILMORE MEMORIAL HOSPITAL
H 1105 EARL FRYE BLVD
I AMORY, MS 38821
P MS
T PHN: (662) 256-6218
O FAX: (662) 256-6149

B GILMORE MEMORIAL HOSPITAL
I PO BOX 459
L 1105 EARL FRYE BLVD
L AMORY, MS 38821
T PHN: (662) 256-6226
O FAX: (662) 256-1693

Vendor No.	Ordered by	Order Date	Expected Delivery Date	Terms/Freight		
1023	GMHDCMPB	7/12/18	7/12/18	60 NET 60 DAYS BW BEST WAY		
Line No./ Item Number	Order Qty	Order Unit	Description/ Catalog# / Mfg ID-Number	Dept/ Expense To	Unit Price	Extended Price
001 9999999	1	EA	EXCHANGE PROCESS XXX	701 701425	6,425.00	6,425.00
SUBTOTAL:					6,425.00	
TAX:					.00	
TOTAL AMOUNT:					6,425.00	


 Authorized Signature

Intuitive Surgical Advanced Exchange Program

TO INITIATE THE ADVANCED EXCHANGE:

Step 1: Complete the form below and contact ISI Customer Service via your preferred method:

Call: 800-876-1310 Option 3

Fax: 408-523-2379

Email: customerservice@intusurg.com

Online: www.davincisurgerycommunity.com

Step 2: Submit applicable purchase order (PO) by Email, Fax or online, by logging into our *da Vinci Surgery* Customer Portal

CUSTOMER INFORMATION

Date 07/11/18 RMA # 1270009

Hospital Name Carlisle Memorial Hospital

Ship-to Address 1105 Earl Frye Blvd

Attention Joyce McLaine PO # _____

Defective Part # 371939-02 Serial # SF1333007 da Vinci System # SH 0793

Problem Description: ☒ Fogging Issue ☐ Focusing Issue ☐ Color or Darkness ☐ Not Recognized by the System

☐ Physical Damage ☐ Other: _____

Replacement Scope Type Requested ☒ Standard Scope (Human Use) ☐ Training Scope (Lab Use)

EVENT INFORMATION

Did anything fall into a patient during a surgical procedure? Yes ☒ No ☐

Was there any patient harm or injury? Yes ☐ No ☒

Event Details (if applicable): _____

TERMS & CONDITIONS

		Contract Pricing		
System	Product	Basic Repair	Advanced Repair	Non-Contract Pricing
da Vinci Xi	8 mm Endoscope w/Camera	\$2,500	\$9,000	\$25,000
	8.5 mm Endoscope		\$6,425	\$12,000
da Vinci Si	8.5 mm Fluorescence		\$6,725	\$15,000
	12 mm Endoscope		\$5,250	\$10,000
	12 mm Fluorescence		\$5,650	\$12,000
da Vinci S / Standard	8.5 mm Endoscope		\$5,925	\$12,000
	12 mm Fluorescence		\$4,500	\$10,000
da Vinci Si Camera	3D HD		\$3,000	\$9,000
	3D HD Fluorescence		\$3,000	\$9,000

*All fees subject to change

- Upon receipt of completed form and a hard copy PO, a replacement endoscope/camera will be shipped Standard Overnight. Product is covered by a 1 year comprehensive warranty.
- Please follow the detailed instructions included with the advanced replacement. Product not received within 10 days of the advanced exchange shipment may be subject to an invoice at the list price.
- Accessories received with failed endoscope/camera, i.e. sterilization trays, alignment targets, camera cables or other accessories, will be disposed of upon receipt.

CUSTOMER ACKNOWLEDGEMENT

Print Name Sonyia B. Smith Title Dir of Surgical Services Phone # 162-256-6075

Signature [Signature] Date 7-11-18

I acknowledge the above terms and conditions



November 29, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **445761827900**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	D.CAMPBELL	Delivery date:	Jul 16, 2018 09:51
Service type:	FedEx Standard 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:	445761827900	Ship date:	Jul 13, 2018
-------------------------	--------------	-------------------	--------------

Recipient: AMORY, MS US	Shipper: MEMPHIS, TN US
-----------------------------------	-----------------------------------

Reference	01483
------------------	-------

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901947425
Invoice Date	07/13/2018
Credit Terms	Net 30
Purchase Order	01500

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001572956
Order Date 07/13/2018
Date Shipped 07/13/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781848930073
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420206-03 CANNULA SEAL,8.5-13MM,BOX OF 10,CE MARKE Batch No: 1294333	1	0	BOX	400.00	N	400.00

Currency: USD

Subtotal	400.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	409.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID:
Confirmation #: 1001572956
Supplier: Intuitive Surgical Inc
Time PO Received: 07-13-2018 14:19
Delivery Option:
Message:

PO #: 01500
PO Amount: \$400.00
PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 1
Delivery Date:

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: Gilmore Memorial Hospital - Curae Health
 1105 Earl Frye Blvd
 Amory, MS 38821-5500 USA

Ship To Address: 704193
 Gilmore Memorial Hospital - Curae Health
 1105 Earl Frye Blvd
 Amory, MS 38821-5500 USA

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	0373762	420206	Accepted	CANNULA CAMERA SEAL 8.5MM-13MM	1	BX	\$400.00	\$400.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781848930073**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	D.CAMPBELL	Delivery date:	Jul 16, 2018 09:51
Service type:	FedEx 2Day		
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:	781848930073	Ship date:	Jul 13, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001572956/1701568809

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901949101
Invoice Date	07/17/2018
Credit Terms	Net 30
Purchase Order	01545

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001575154
Order Date 07/17/2018
Date Shipped 07/17/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744968992509
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

GMHMMWRIGH
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
20	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D180807A	1	0	BOX	1,000.00	N	1,000.00

Currency: USD	Subtotal	1,000.00
	Shipping	0.00
	Tax	0.00
	Total	1,000.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021



Invoice Page 1 of 1	
Invoice Number	901949633
Invoice Date	07/17/2018
Credit Terms	Net 30
Purchase Order	01545

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001575154
Order Date 07/17/2018
Date Shipped 07/17/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 781901053236
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

GMHMWRIGH
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	400180-14 TIP COVER ACCESSORY,DISPOSABLE,8MM MCS,B Batch No: M10180524	1	0	BOX	200.00	N	200.00

Currency: USD	Subtotal	200.00
	Shipping	0.00
	Handling Charges	9.95
	Tax	0.00
	Total	209.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID: GMHMRWRIGHT
 Phone: 6622566218
 Fax: 662-256-6149

Confirmation #: 1001575154
Supplier: Intuitive Surgical Inc
Time PO Received: 07-17-2018 13:31
Delivery Option:

Message: Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 PO BOX 459
 AMORY, MS 38821

Invoiced Amount:

PO #: 01545
PO Amount: \$1,200.00

PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 2
Delivery Date: 07-17-2018

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	238241	400180	Accepted	TIP COVER ACCESSORY HOT SHEAR	1	BX	\$200.00	\$200.00
2	308440	420290	Accepted	KIT 3 ARM ROBOT ACCESORY	1	BX	\$1,000.00	\$1,000.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744968992509**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Jul 19, 2018 09:59
Service type:	FedEx 2Day		
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:	744968992509	Ship date:	Jul 17, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

5019768

Thank you for choosing FedEx.



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **781901053236**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	R.DOBBS	Delivery date:	Jul 19, 2018 09:59
Service type:	FedEx 2Day		
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:	781901053236	Ship date:	Jul 17, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001575154/1701571337

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901959923
Invoice Date	07/26/2018
Credit Terms	Net 30
Purchase Order	01640

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001583053
Order Date 07/26/2018
Date Shipped 07/26/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 782020857425
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	41445G-05 RELOAD,STAPLER 45,4.3 GREEN,4-ROW,12/BOX Batch No: DS3180502	1	0	BOX	2,160.00	N	2,160.00
20	41645B-05 RELOAD,STAPLER 45,3.5 BLUE,6-ROW,12/BOX, Batch No: DS7180821	1	0	BOX	2,160.00	N	2,160.00
30	410351-03 CANNULA SEAL,ENDOWRIST STAPLER,IS3000 Batch No: M10180302	1	0	EA	200.00	N	200.00
40	410370-03 SHEATH,DISPOSABLE, STAPLER,IS3000/IS4000 Batch No: M10180503	1	0	EA	200.00	N	200.00

Currency: USD

Subtotal	4,720.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	4,729.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order**Buyer Organization:** Curae Health - Gilmore Memorial**Buyer ID:****Confirmation #:** 1001583053**Supplier:** Intuitive Surgical Inc**Time PO Received:** 07-26-2018 13:59**Delivery Option:****Message:**

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoiced Amount:**PO #:** 01640**PO Amount:** \$4,720.00**PO Type:** Stand Alone Order**Order Status:** Supplier Update Received**Total Lines:** 4**Delivery Date:** 07-26-2018

Ship To Address: 704193
GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoice Number(s):**Purchase Order Details**

Line #	Buyer Item #	Supplier Part #	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	41445	41445G	Accepted	STAPLER RELOAD GREEN 45MM	1	BX	\$2,160.00	\$2,160.00
2	41645	41645B	Accepted	STAPLER RELOAD 45MM BLUE	1	BX	\$2,160.00	\$2,160.00
3	410351	410351	Accepted	STAPLER CANNULA SEAL	1	BX	\$200.00	\$200.00
4	410370	410370	Accepted	STAPLER SHEATH	1	BX	\$200.00	\$200.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **782020857425**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.DOBBS	Delivery date:	Jul 30, 2018 09:50
Service type:	FedEx 2Day		
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:	782020857425	Ship date:	Jul 26, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference 1001583053/1701579854

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901961605
Invoice Date	07/30/2018
Credit Terms	Net 30
Purchase Order	01674

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001585029
Order Date 07/30/2018
Date Shipped 07/30/2018
Ship Via UPS
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 744969016347
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail:AR@intusurg.com

TEL6622566226
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P Batch No: D181047	1	0	BOX	1,000.00	N	1,000.00

Currency: USD

Subtotal	1,000.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	1,009.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID:
Confirmation #: 1001585029
Supplier: Intuitive Surgical Inc
Time PO Received: 07-30-2018 12:03
Delivery Option:
Message:

PO #: 01674
PO Amount: \$1,000.00
PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 1
Delivery Date: 07-30-2018

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	308440	420290	Accepted	KIT 3 ARM ROBOT ACCESORY	1	BX	\$1,000.00	\$1,000.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **744969016347**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Aug 1, 2018 09:53
Service type:	FedEx 2Day		
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:	744969016347	Ship date:	Jul 30, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
JACKSONVILLE, FL US

Reference

5030810

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901963491
Invoice Date	07/31/2018
Credit Terms	Net 30
Purchase Order	01699

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001585831
Order Date 07/31/2018
Date Shipped 07/31/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 782082486554, 782082488112
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS
Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 USA Contact: Accts Receivable 1-408-523-2100 E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420206-03 CANNULA SEAL,8.5-13MM,BOX OF 10,CE MARKE Batch No: 1287845	1	0	BOX	400.00	N	400.00
20	410322-05 ASSEMBLY,VESSEL SEALER,IS3000,6-PACK Batch No: M10180409	1	0	BOX	3,570.00	N	3,570.00

Currency: USD

Subtotal	3,970.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	3,979.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order**Buyer Organization:** Curae Health - Gilmore Memorial**Buyer ID:****Confirmation #:** 1001585831**Supplier:** Intuitive Surgical Inc**Time PO Received:** 07-31-2018 09:34**Delivery Option:****Message:**

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address:

BTU00000
GILMORE MEMORIAL HOSPITAL
1105 EARL OFRYE BLVD
AMORY, MS 38821

Invoiced Amount:**PO #:**

01699

PO Amount:

\$3,970.00

PO Type:

Stand Alone Order

Order Status:

Supplier Update Received

Total Lines:

2

Delivery Date:

07-31-2018

Ship To Address:

704193
GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY, MS 38821

Invoice Number(s):**Purchase Order Details**

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	373762	420206	Accepted	CANNULA CAMERA SEAL 8.5MM-13MM	1	BX	\$400.00	\$400.00
2	413063	410322	Accepted	SEALER ENDOWRIST ONE VESSEL	1	BX	\$3,570.00	\$3,570.00



November 30, 2018

Dear Customer:

Proof-of-delivery letters are being provided for the following shipments:

782082486554

AMORY,MS

782082488112

AMORY,MS

You may save or print this Batch Signature Proof of Delivery file for your records.

Thank you for choosing FedEx.

FedEx

1.800.GoFedEx 1.800.463.3339



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **782082486554**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Aug 2, 2018 09:31
Service type:	FedEx 2Day		
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:	782082486554	Ship date:	Jul 31, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001585831/1701582667

Thank you for choosing FedEx.



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **782082488112**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Aug 2, 2018 09:31
Service type:	FedEx 2Day		
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:	782082488112	Ship date:	Jul 31, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001585831/1701582667

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901979221
Invoice Date	08/15/2018
Credit Terms	Net 30
Purchase Order	01877

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001598043
Order Date 08/15/2018
Date Shipped 08/15/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 782321050158
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail: AR@intusurg.com

TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	400180-14 TIP COVER ACCESSORY, DISPOSABLE, 8MM MCS, B Batch No: M11180613	1	0	BOX	200.00	N	200.00

Currency: USD

Subtotal	200.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	209.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID:
Confirmation #: 1001598043
Supplier: Intuitive Surgical Inc
Time PO Received: 08-15-2018 09:07
Delivery Option:
Message:

PO #: 01877
PO Amount: \$200.00
PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 1
Delivery Date: 08-15-2018

Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 1105 EARL FRYE BLVD
 AMORT, MS 38821

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UOM	Price	Extended Price
1	238241	400180	Accepted	TIP COVER ACCESSORY HOT SHEAR	1	BX	\$200.00	\$200.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **782321050158**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.MCNEESE	Delivery date:	Aug 17, 2018 09:51
Service type:	FedEx 2Day		
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:	782321050158	Ship date:	Aug 15, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001598043/1701596066

Thank you for choosing FedEx.



Invoice Page 1 of 1	
Invoice Number	901981912
Invoice Date	08/17/2018
Credit Terms	Net 30
Purchase Order	01911

Bill-To 51535

GILMORE MEMORIAL REGIONAL - MS
HEALTH MANAGEMENT ASSOC INC - FL
1105 EARL FRYE BLVD
AMORY MS 38821
ATTN ACCOUNTS PAYABLE

Ship To 704193

GILMORE MEMORIAL REGIONAL - MS
1105 EARL FRYE BLVD
AMORY MS 38821

Sold To 32245
Sales Order No 1001600730
Order Date 08/17/2018
Date Shipped 08/17/2018
Ship Via 04 FedEx 2Day
Incoterms INTUITIVE WAREHOUSE
Bill Of Lading 782360080206
Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc.
Dept. 33629
P.O. Box 39000
San Francisco, CA 94139
USA
Contact: Accts Receivable
1-408-523-2100
E-mail: AR@intusurg.com

GMHMMWRIGH
TEL6622566218
FAX662-256-6149

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420093-12 ASSEMBLY,PROGRASP FORCEPS,8MM,IS2000 Batch No: N10180424	3	0	EA	2,200.00	N	6,600.00

Currency: USD

Subtotal	6,600.00
Shipping	0.00
Handling Charges	9.95
Tax	0.00
Total	6,609.95

1266 Kifer Road Sunnyvale, CA 94086-5206 USA
www.intuitivesurgical.com
Phone 408.523.2100 Fax 408.523.1390
Tax ID: 77-0416458
D&B: 93-864-7021

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial
Buyer ID: GMHMWRIGH
 Phone: 6622566218
 Fax: 662-256-6149

PO #: 01911
PO Amount: \$6,600.00

Confirmation #: 1001600730
Supplier: Intuitive Surgical Inc
Time PO Received: 08-17-2018 13:16
Delivery Option:

PO Type: Stand Alone Order
Order Status: Supplier Update Received
Total Lines: 1
Delivery Date:

Message: Supplier: Intuitive Surgical (Intuitive) acknowledges receipt of the referenced purchase order (Order) subject to the following: the Order will be governed by the terms and conditions of Intuitive's Instrument and Accessory Catalog (Terms), available at the URL link below, as if such Terms were contained in the Order. Any term or condition contained in the Order which is different from, inconsistent with, or in addition to the Terms shall be void and of no effect unless agreed to in writing and signed by authorized representatives of Customer and Intuitive. For any questions, please contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

Bill To Address: BTU00000
 GILMORE MEMORIAL HOSPITAL
 PO BOX 459
 AMORY, MS 38821

Ship To Address: 704193
 GILMORE MEMORIAL REGIONAL - MS
 1105 EARL FRYE BLVD
 AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #	Buyer Item #	Supplier Part #s	Line Status	Item Description	Qty	UDM	Price	Extended Price
1	173496	420093	Accepted	GRASPER ENDOWRIST PROGRASP	3	EA	\$2,200.00	\$6,600.00



November 30, 2018

Dear Customer:

The following is the proof-of-delivery for tracking number **782360080206**.

Delivery Information:

Status:	Delivered	Delivery location:	AMORY, MS
Signed for by:	M.WRIGHT	Delivery date:	Aug 20, 2018 10:15
Service type:	FedEx 2Day		
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:	782360080206	Ship date:	Aug 17, 2018
-------------------------	--------------	-------------------	--------------

Recipient:
AMORY, MS US

Shipper:
SUNNYVALE, CA US

Reference

1001600730/1701599069

Thank you for choosing FedEx.

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05675 Amory Regional Medical Center, Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6797287)
INTUITIVE SURGICAL INC
1020 KIFER ROAD BLDG 108
SUNNYVALE CA 94086

Claim No: 10
Original Filed
Date: 12/03/2018
Original Entered
Date: 12/03/2018

Status:
Filed by: CR
Entered by: Intake1
Modified:

Amount claimed: \$122338.25

Secured claimed: \$0.00

History:

[Details](#) [10-1](#) 12/03/2018 Claim #10 filed by INTUITIVE SURGICAL INC, Amount claimed: \$122338.25
(Intake1)

Description: (10-1) good sold (medical devices)

Remarks:

Claims Register Summary

Case Name: Amory Regional Medical Center, Inc.

Case Number: 3:18-bk-05675

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$122338.25
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	\$0.00	
Priority		
Administrative		