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

FILED

DEC 03 5018

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.

Who is the current creditor?	Intuitive Surgical Inc Name of the current creditor (the person or entity to be paid for this cla	aim)
	Other names the creditor used with the debtor	
Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?	
Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
creditor be sent?	Intuitive Surgical Inc.	Intuitive Surgical Inc
Federal Rule of Bankruptcy Procedure	Name	Name
(FRBP) 2002(g)	1020 Kifer Road, Bldg 108	Dept 33629, PO Box 39000
	Number Street	Number Street
	Sunnyvale, CA 94086	San Francisco, CA 94139
	City State ZIP Code	City State ZIP Code
	Contact phone 408.523.6907	Contact phone 408.523.0753
	Contact email carolyn.atwell@intusurg.com	Contact email jay.dickerson@intusurg.com
	Uniform claim identifier for electronic payments in chapter 13 (if you u	se one):
Does this claim amend one already filed?	✓ No☐ Yes. Claim number on court claims registry (if known)	Filed on
Do you know if anyone else has filed a proof	✓ No ☐ Yes. Who made the earlier filling?	

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?	\$\$ Does this amount include interest or other charges?
		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.
	Ciaini	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	☑ No
	lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
11.	Is this claim subject to a	☑ No
	right of setoff?	☐ Yes. Identify the property:

2. Is all or part of the claim entitled to priority under	MO No			4
11 U.S.C. § 507(a)?	Yes. Checi			Amount entitled to priority
A claim may be partly priority and partly		stic support obligations (including S.C. § 507(a)(1)(A) or (a)(1)(B).	alimony and child support) un	der \$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		\$2,850* of deposits toward purch aal, family, or household use. 11		y or services for \$
abanda eta eta eta eta eta eta eta eta eta et	bankru	s, salaries, or commissions (up to ptcy petition is filed or the debtor 6.C. § 507(a)(4).	\$12,850*) earned within 180 c's business ends, whichever is	days before the searlier.
	☐ Taxes	or penalties owed to government	tal units. 11 U.S.C. § 507(a)(8)	. \$
	☐ Contrib	outions to an employee benefit pl	an. 11 U.S.C. § 507(a)(5).	\$
	14-4	Specify subsection of 11 U.S.C.		\$
				ses begun on or after the date of adjustment.
Part 3: Sign Below	ner er errom en er			The second section of the sect
The person completing this proof of claim must	Check the appro			
sign and date it. FRBP 9011(b).	☐ I am the cr			
you file this claim		reditor's attorney or authorized ag		
lectronically, FRBP		ustee, or the debtor, or their auth		
6005(a)(2) authorizes courts o establish local rules	Lam a gua	rantor, surety, endorser, or other	codeptor. Bankruptcy Rule 30	105.
specifying what a signature	Lunderstand the	at an authorized signature on this	Proof of Claim serves as an	acknowledgment that when calculating the
S.		claim, the creditor gave the debto		
A person who files a raudulent claim could be ined up to \$500,000,	I have examined and correct.	d the information in this Proof of	Claim and have a reasonable	belief that the information is true
mprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the forego	oing is true and correct.	
3571.	Executed on da	ate 11/30/2018 Mym / DD / YYYY		
	Signature	Strong		
	Print the name	of the person who is complet	ing and signing this claim:	
	Name	Carolyn A. Atwell	Middle name	Last name
	Title	Leasing Manager		
	Company	Intuitive Surgical Inc.		
	- 500 P. T. J.		the company if the authorized age	nt is a servicer.
		1000 Kit - D - 1		
	Address	1020 Kifer Road		
	Address	Number Street		
	Address		CA	94086
	Address	Number Street	CA State	94086 ZIP Code

PO Number	Account	Document Date	Payment date	A COMMONS	ment Billing Document			Text
00173	32245	3/28/2018	4/27/2018	RV RV	901840449		doc. curr. 1,009.95	Chapter 11 BK 08-24-18
00199	32245	4/23/2018	5/23/2018		901864185			Chapter 11 BK 08-24-18
00201	32245	4/11/2018			1900446125			Chapter 11 BK 08-24-18
00262	32245	4/4/2018			901847498			Chapter 11 BK 08-24-18
00262	32245	4/4/2018			901847499			Chapter 11 BK 08-24-18
00470	32245	4/17/2018	5/17/2018		901858726	NT30		Chapter 11 BK 08-24-18
00523	32245	4/18/2018	5/18/2018		901861147			Chapter 11 BK 08-24-18
00549	32245	4/20/2018	5/20/2018		901863904			Chapter 11 BK 08-24-18
00595	32245	4/25/2018	5/25/2018		901867047			Chapter 11 BK 08-24-18
00595	32245	4/25/2018	5/25/2018		901867749			Chapter 11 BK 08-24-18
00610	32245	4/25/2018	5/25/2018		901867750			Chapter 11 BK 08-24-18
00691	32245	5/4/2018	6/3/2018		901876503			Chapter 11 BK 08-24-18
00703	32245	5/4/2018	6/3/2018		901877459			Chapter 11 BK 08-24-18
00837	32245	5/16/2018	6/15/2018		901889261			Chapter 11 BK 08-24-18
00851	32245	5/17/2018	6/16/2018		901890606			Chapter 11 BK 08-24-18
00862	32245	5/18/2018	6/17/2018		901891074			Chapter 11 BK 08-24-18
00939	32245	5/25/2018	6/24/2018		901898783			Chapter 11 BK 08-24-18
00939	32245	5/25/2018	6/24/2018		901898784			Chapter 11 BK 08-24-18
01003	32245	7/17/2018	8/16/2018	50.5.00.0	901949634			Chapter 11 BK 08-24-18
01003	32245	7/17/2018	8/16/2018		901949635			Chapter 11 BK 08-24-18
01026	32245	6/4/2018	7/4/2018		901905460			Chapter 11 BK 08-24-18
01026	32245	6/4/2018	7/4/2018		901906601			Chapter 11 BK 08-24-18
01046	32245	6/5/2018	7/5/2018		901908176			Chapter 11 BK 08-24-18
01062	32245	6/18/2018	7/18/2018		901920185			Chapter 11 BK 08-24-18
01062	32245	6/18/2018	7/18/2018		901920186			Chapter 11 BK 08-24-18
01002	32245	6/8/2018	7/8/2018		901911216			Chapter 11 BK 08-24-18
01200	32245	6/19/2018	7/19/2018		901921166			Chapter 11 BK 08-24-18
01232	32245	6/21/2018	7/19/2018		901925369			
01260	32245	6/22/2018	7/22/2018		901926834			Chapter 11 BK 08-24-18
01283	32245				901928314			Chapter 11 BK 08-24-18
01306	32245	6/25/2018	7/25/2018					Chapter 11 BK 08-24-18
01306	32245	6/26/2018	7/26/2018		901928610			Chapter 11 BK 08-24-18
01331		6/26/2018	7/26/2018		901929726			Chapter 11 BK 08-24-18
01338	32245	6/28/2018	7/28/2018		901931657			Chapter 11 BK 08-24-18
	32245	6/28/2018	7/28/2018		901932733			Chapter 11 BK 08-24-18
01377 01412	32245	7/2/2018	8/1/2018		901936111			Chapter 11 BK 08-24-18
	32245	7/5/2018	8/4/2018		901938943			Chapter 11 BK 08-24-18
01431	32245	7/6/2018	8/5/2018		901939205			Chapter 11 BK 08-24-18
01483	32245	7/30/2018	8/29/2018		1900473625			Chapter 11 BK 08-24-18
01500	32245	7/13/2018	8/12/2018		901947425			Chapter 11 BK 08-24-18
01545	32245	7/17/2018	8/16/2018		901949101			Chapter 11 BK 08-24-18
01545	32245	7/17/2018	8/16/2018		901949633			Chapter 11 BK 08-24-18
01640	32245	7/26/2018	8/25/2018		901959923			Chapter 11 BK 08-24-18
01674	32245	7/30/2018	8/29/2018		901961605			Chapter 11 BK 08-24-18
01699	32245	7/31/2018	8/30/2018		901963491			Chapter 11 BK 08-24-18
01877	32245	8/15/2018	9/14/2018		901979221			Chapter 11 BK 08-24-18
01911	32245	8/17/2018	9/16/2018	RV	901981912	N130		Chapter 11 BK 08-24-18
	32245						122,338.25	



Invoice Number

901840449

Invoice Date

03/28/2018 Net 30

Credit Terms Purchase Order

00173

Bill-To 51535

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

Ship To 704193

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

Sold To Sales Order No Order Date

32245 1001488097 03/28/2018 03/28/2018 UPS

Date Shipped Ship Via Incoterms Bill Of Lading

INTUITIVE WAREHOUSE

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	1	0	BOX	1,000.00	N	1,000.00
	KIT, DISPOSABLE ACCESSOR'	Y,3ARM,IS3000,5 P					

Batch No: D173245

Currency: USD

1,000.00 Subtotal Shipping 0.00 Handling Charges 9.95 0.00 Tax 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

		001 308440	Time No. 1 Or	1023	Yendor No	V INTUITIVE SURGICAL E 1266 KIFER RD N SUNNYVALE, CA D PHN: (800)876-1310 R FAX: 14085232377 ID:	GILMORE MEMORIAL HOSPITAL
	⊢ ~	}—à	Order Oy	GMH	50 10 10 10 10 10 10 10 10 10 10 10 10 10	SURGICAL RD CA 876-1310	MORI
		BX	Order Unit	GMHDCAMPB	Ordered by	94086	AL HOS
		KIT ROBOT ACCESORY 420290 420290	Description/ Catalog# / Mfg D-Number	3/27/18	Order Date	S GILMORE MEN H 1105 EARL N I AMORY P MS T PHN: (662)2 O FAX: (662)	SPITAL
1) ely		3-ARM	ομί D-Number	3/27/18	Expected Delivery Date	RE MEMORIAL HOSPITAL EARL FRYE BLVD 38821 (662)256-6218 (662)256-6149	
and	TOT	701 701400	Dept/. Expense To	18	ary Date		
22	SUBTOTAL: TAX: TOTAL AMOUNT:	1,000.00	Jint Price	60 NET 6	III II Em		Purchase Order (Number:
7-11-6	1,000.00 .00 1,000.00	1,000.00	Extended Price	60 DAYS	Hega	GILMORE MEMORIAL HOSPITA PO BOX 459 1105 EARL FRYE BLVD AMORY, MS PHN: (662)256-6226 FAX: (662)256-1693	00173



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



Invoice Number

901864185

Invoice Date Credit Terms 04/23/2018 Net 30

Purchase Order

00199

Bill-To 51535

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

32245

Sold To Sales Order No Order Date

1001507281 04/23/2018 04/23/2018

Date Shipped Ship Via

UPS

Incoterms

INTUITIVE WAREHOUSE

Bill Of Lading 744968834098

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	1	0	BOX	1,000.00	N	1,000.00
	KIT, DISPOSABLE ACCESSOR	Y,3ARM,IS3000,5 P					
	Batch No: D173435						

Currency: USD

1,000.00 Subtotal Shipping 0.00 **Handling Charges** 9.95 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

7	Q	!	
	CIL		
(0 (2:1:		

SUNNYVALE, CA 1266 KIFER RD INTUITIVE SURGICAL INC VENDOR: 94086

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

704193

T023

Vendor No.

Ordered By

Order Date 3/28/18

Expected Delivery Date Terms/Freight

3/28/18

BW 60

NET 60 DAYS BEST WAY

GMHDCAMPB

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

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

AMORY

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

AMORY, MS 38821 1105 EARL FRYE BLVD

PO BOX 459

GILMORE MEMORIAL HOSPITAL

BILL

TO:

00199

Purchase Order Number:

1,560.00 1,560.00 .00

TOTAL AMOUNT:

SUBTOTAL:

TAX:

Claim 10-1

560.00

002

320646

BX Unit Order

Catalog# / Mfg ID-Number

Expense To

560.00

Price Unit

Price Extended

701400

Dept/

Description/

REQUEST FROM STORAGE AREA SUR

420281 420281 MONITOR DRAPE REQUEST FROM STORAGE AREA

SUR BIN LOCATION ELA

701400

420290 420290

N

Item Number

Qty

order

Line

No./

001

308440

Number No./

Qty

Unit Order

Catalog# / Mfg ID-Number

Expense To Dept/

701

1,000.00

Unit

Price

KIT ROBOT ACCESORY 3-ARM

Description/

BX

Order

Line Item

Filed 12/03/18 145

1,000.00

Price Extended

Desc Main Document

Page 9 of



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



Invoice Number

1900446125

Invoice Date

04/11/2018

Credit Terms Purchase Order Net 30 00201

Bill-To 51535

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

Ship To 704193

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

Sold To

32245 1254730

Sales Order No Order Date **Date Shipped**

03/28/2018

Ship Via Incoterms Bill Of Lading

03/28/2018 03 FedEx Standard Overn

INTUITIVE WAREHOUSE

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	1	0	EA	3,000.00	Ν -	3,000.00
	CFG,TOSHIBA HD GLENAIR CAM-01:F07						
						٠	

Currency: USD

Subtotal Shipping 3,000.00 0.00

Tax Total

0.00 3,000.00

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



Intuitive Surgical Advanced Exchange Program

Step 1: Com		NGE:				7
	plete the form belov	and contact ISI Customer	Service via your	preferred method		
Call:	800-876-1310 Optio	n 3				
	408-523-2379	51.TF				
	l: customerservice@	Intusure com				
	ne: www.davincisurg	- Andrew Control of the Control of t				
	48 AND HOLDER	se order (PO) by Email, Fax	or online, by lo	ngging into our da t	/incl Surgery Customer	Portal
	INFORMATION					
1 March 1990 (1992) 1 March 1991 (1994) 1 March 1990 (1994) 1 Marc	Date 03/28/18	RMA # 12	54730			
Hospital	A CONTRACTOR	e Memorial	, ,			
	and the second of the second o	arl Five Blud	Amony	MS 388	32/	
(5)		Action PO#			- Killian	
A 111111	/		1122005			
Defective	Part # 655858-03	Serial # SF	1132003	da Vinci S	ystem#	
Problem Descri	ption: Fogging is	sue Focusing Issue	Color or (Darkness Not	Recognized by the System	
	Physical D	amage Other:	ed into			
Renlacement 5	Scope Type Requester			Training Scope (Lal	alice)	
- replacement	orobe tabe undanster	Standard Stope	Trainer Ose	Hamily Scoke June	7 0347	THE REAL PROPERTY.
EVENT INFO	RMATION					
	l into a patient during a	surgical procedure? Yes	(6)			
MANUFACTURE CONTRACTOR	etlent harm or injury?	Yes	70)			
270 270 7 A 5 A 5			6			
Event Detalls (if	applicable):					
TERMS & CO	SHOITIONS					
I LIVING OF CO	DIADITIONS					
V.			Contra	et Pricing		
	System	Product	Basic Repair	Advanced Repair	Non-Contract Pricing	
		8 mm Endoscope w/Camera		\$9,000	425.000	
	da Vinci XI	er men Pusasanhe al chuleta		Amiliano.	\$25,000	
	da Vinci XI	8.5 mm Endoscope		\$6,425	\$12,000	
		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME			The state of the s	
	da Vinci XI	8.5 mm Endoscope	\$2,500	\$6,425	\$12,000	
1		8.5 mm Endoscope 8.5 mm Fluorescence	\$2,500	\$6,425 \$6,725	\$12,000 \$15,000	
	da Vinci Si	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope	\$2,500	\$6,425 \$6,725 \$5,250	\$12,000 \$15,000 \$10,000 \$12,000	
		8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Fluorescence	\$2,500	\$6,425 \$6,725 \$5,250 \$5,650	\$12,000 \$15,000 \$10,000	
	da Vinci Si da Vinci S / Standard	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Fluorescence 8.5 mm Endoscope	\$2,500	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000	
	da Vinci Si	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Fluorescence 8.5 mm Endoscope 12 mm Fluorescence	\$2,500	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000	
 Upon receipt of a comprehensive w 	da Vinci SI da Vinci S / Standard da Vinci SI Camera	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Fluorescence 8.5 mm Endoscope 12 mm Fluorescence 30 HD		\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500 \$3,000	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000 \$9,000 \$9,000	ear
comprehensive v	da Vinci SI da Vinci S / Standard da Vinci SI Camera completed form and a han	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Fluorescence 8.5 mm Endoscope 12 mm Fluorescence 3D HD 3D HD Fluorescence	pe/comora will be sh	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500 \$3,000 \$3,000	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000 \$9,000 \$9,000 ^All fees subject to change at. Product is covered by a 1 y	
 Please follow the 	da Vinci SI da Vinci S / Standard da Vinci SI Camera completed form and a han	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Fluorescence 8.5 mm Endoscope 12 mm Fluorescence 3D HD 3D HD Fluorescence	pe/comora will be sh	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500 \$3,000 \$3,000	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000 \$9,000 \$9,000 ^All fees subject to change at. Product is covered by a 1 y	
 Please follow the subject to an inv 	da Vinci Si da Vinci S / Standard da Vinci Si Camera completed form and a hardwarranty. detailed instructions inclode at the list price.	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Fluorescence 8.5 mm Endoscope 12 mm Fluorescence 3D HD 3D HD Fluorescence	pe/comera will be sh ent. Product not rece	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500 \$3,000 \$3,000	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000 \$9,000 \$9,000 *All fees subject to change int. Product is covered by a 1 y	ent may be
 Please follow the subject to an inv 	da Vinci Si da Vinci S / Standard da Vinci Si Camera completed form and a hardwarranty. detailed instructions inclode at the list price.	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Fluorescence 8.5 mm Endoscope 12 mm Fluorescence 3D HD 3D HD Fluorescence d copy PO, a replacement endoscope	pe/comera will be sh ent. Product not rece	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500 \$3,000 \$3,000	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000 \$9,000 \$9,000 *All fees subject to change int. Product is covered by a 1 y	ent may be
Please follow the subject to an inw Accessories record	da Vinci Si da Vinci S / Standard da Vinci Si Camera completed form and a hardwarranty. detailed instructions inclode at the list price.	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Endoscope 12 mm Endoscope 12 mm Endoscope 13 mm Endoscope 14 mm Fluorescence 3D HD 3D HD Fluorescence d copy PO, a replacement endoscopuded with the advanced replacement endoscope end	pe/comora will be sh ent. Product not rece gnment targets, cam	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500 \$3,000 \$3,000 slipped Standard Overnig	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000 \$9,000 \$9,000 *All fees subject to change int. Product is covered by a 1 year advanced exchange shipments abories, will be disposed of up	ent may be
Please follow the subject to an invi- Accessories recoi	da Vinci Si da Vinci Si Camera da Vinci Si Camera completed form and a han warranty. detalled instructions indi olco at the list price. ived with failed endoscopi	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Endoscope 12 mm Endoscope 12 mm Endoscope 13 mm Endoscope 14 mm Fluorescence 3D HD 3D HD Fluorescence d copy PO, a replacement endoscopuded with the advanced replacement endoscope end	pe/comora will be sh ent. Product not rece gnment targets, cam	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500 \$3,000 \$3,000 slipped Standard Overnig	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000 \$9,000 \$9,000 *All fees subject to change int. Product is covered by a 1 year advanced exchange shipments abories, will be disposed of up	ent may be
Please follow the subject to an invi- Accessories recoi	da Vinci Si da Vinci Si Camera da Vinci Si Camera completed form and a han warranty. detalled instructions indi olco at the list price. ived with failed endoscopi	8.5 mm Endoscope 8.5 mm Fluorescence 12 mm Endoscope 12 mm Endoscope 12 mm Endoscope 12 mm Endoscope 13 mm Endoscope 14 mm Fluorescence 3D HD 3D HD Fluorescence d copy PO, a replacement endoscopuded with the advanced replacement endoscope end	pe/comora will be sh ent. Product not rece gnment targets, cam	\$6,425 \$6,725 \$5,250 \$5,650 \$5,925 \$4,500 \$3,000 \$3,000	\$12,000 \$15,000 \$10,000 \$12,000 \$12,000 \$10,000 \$9,000 \$9,000 *All fees subject to change int. Product is covered by a 1 year advanced exchange shipments abories, will be disposed of up	ent may be

HOSPITAL	
MEMORIAL	
GILMORE	

00201

Purchase Order Number:

	'AL							
	GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS PHN: (662)256-6226 FAX: (662)256-1693	VR reight	60 DAYS	Extended Price	3,000.00	3,000.00	3,000.00	
	B GILMORE MEMORIAL HO I PO BOX 459 L 1105 EARL FRYE BLVD L AMORY, MS T PHN: (662)256-6226 O FAX: (662)256-1693	Terms/Rreight	60 NET 60 D BW BEST WAY	Unit Price	3,000.00	SUBTOTAL:	TOTAL AMOUNT:	
ל		ery Date	/18	Dept/ Expense To	701 701425		TOT	
	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS MS PHN: (662)256-6218 FAX: (662)256-6149	Expected Delivery Date	3/28/18	on/ D-Number	LIGHT CORD			
	S GILMORE ME H 1105 EARL I AMORY P MS T PHN: (662) O FAX: (662)	Order Date	3/28/18	Catalog# / Mfg ID-Number	REPAIR CAMERA AND REPAIR REPLACE			
	L INC 94086	red by	GMHWWRIGH	Order Unit	EA			
	TIVE SURGICAL KIFER RD VALE, CA (800)876-1310 14085232377	Ord		Order Qry	П	1		
	INTUITIVE SURGICAL 1266 KIFER RD SUNNYVALE, CA PHN: (800)876-1310 FAX: 14085232377 ID:	Vendor No.	1023	Liae No./ Item Number	6666666			
	Y H Z O O K				001			

Authorized Signature

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18 Desc Main Document Page 13 of 145



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:

AMORY, MS US

Shipper:

MEMPHIS, TN US

Reference

00201



Invoice Number

901847499

Invoice Date **Credit Terms** 04/04/2018 Net 30

Purchase Order

00262

Bill-To 51535

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

Ship To 704193

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

Sold To . Sales Order No Order Date Date Shipped

32245 1001492617 04/03/2018 04/04/2018 04 FedEx 2Day

Incoterms Bill Of Lading

Ship Via

INTUITIVE WAREHOUSE

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	1	0	BOX	400.00	N	400.00		
	CANNULA SEAL, 8.5-13MM, BOX OF 10, CE MARKE								
	Batch No: 1287843								

Currency: USD

Subtotal Shipping 400.00 0.00

Tax Total

0.00 400.00

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 Number

901847498

Invoice Date Credit Terms

04/04/2018 Net 30

Purchase Order

00262

Bill-To 51535

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

Ship To 704193

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

Sold To Sales Order No Order Date Date Shipped

32245 1001492617 04/03/2018 04/04/2018 04 FedEx 2Day

Incoterms Bill Of Lading 780377845952

Ship Via

INTUITIVE WAREHOUSE

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	Û/M	Unit Price	Taxable	Net Price
10	420023-02	1	0	BOX	600.00	N	600.00
	BLADELESS OBTURATOR,8M	M.DA VINCI S REG.B					

Batch No: 73M1700005

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

Intuitive

GILMORE MEMORIAL HOSPITAL

SUBTOTAL: 1,000.00 TAX: .00 TOTAL AMOUNT: 1,000.00	400.00 100 SRB3B	701 600.00 701400 IN LOCATION SRB3B	Unit Price Extended Price	60	
ħ	8.5MM-13MM 701 701400 AREA SUR BIN LOCATION	SUR B	Depi/I Bypense 6	4/02/18	HOSPITAL VD 38821 8
	CAMERA SEAL 420206 FROM STORAGE	OBTURATOR 8MM BLADELESS 420023 420023 REQUEST FROM STORAGE AREA	Description/ Caralog# // M健 DJ-Number	4/02/18	MEMORI L FRYI 2) 256- 2) 256-
770	BX CANNULA 420206 A REQUEST	BX OBTU 4200 REQU	Orden Umit	1911 1911 1911 1911 1911 1911 1911 191	1NC 94086
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	373762	267290	Kem Number	1023	V INTUITIVE : E 1266 KIFER N SUNNYVALE, D PHN: (800) E FAX: 140852 ID:
	002	001	The state of the s	12	BODZES

Authorized Signature

Purchase Order Number:

00262



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



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



Invoice Number **Invoice Date**

901858726 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 ACCOUNTS PAYABLE ATTN

Sold To

32245 Sales Order No 1001502020

Order Date Date Shipped

Ship Via

Incoterms

TEL6622566218

Bill Of Lading

04/16/2018 04/17/2018 UPS

INTUITIVE WAREHOUSE 744968820437

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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

FAX66	2-256-6149					
Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable
10	420291-03	Shipped 1	Open	BOX	1,300.0	0 N

KIT, DISPOSABLE ACCESSORY, 4ARM, IS3000, 5 P

Batch No: D173487

Currency: USD Subtotal 1,300.00 Shipping 0.00 9.95 **Handling Charges** Tax 0.00 1,309.95 Total

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

Net Price 1,300.00

GILMORE MEMORIAL HOSPITAL

	Purchase
1	Order
	Number:

SUNNYVALE, CA 1266 KIFER RD INTUITIVE SURGICAL INC

VEND

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

MS AMORY

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

1105 EARL FRYE BLVD GILMORE MEMORIAL HOSPITAL

AMORY, MS 1105 EARL FRYE BLVD

PO BOX 459

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

GILMORE MEMORIAL HOSPITAL BILLTO:

00470

Case 3:18-bk-05675

Claim 10-1

1,300.00

.00

TOTAL AMOUNT:

SUBTOTAL:

1,300.00

TAX:

Filed 12/03/18 145

1,300.00

Price Extended

001

308441

Number No./

Qty Order

BX Unit

420291 420291

REQUEST FROM STORAGE AREA

SUR BIN LOCATION E1B

701400 701

Expense Dept/

To

Unit Price

1,300.00

KIT ROBOT ACCESORY 4-ARM Catalog# / Mfg ID-Number

order

Description/

Line Item

I023

Vendor No.

Ordered By **GMHMWRIGH**

Order Date 4/16/18

Expected Delivery Date Terms/Freight

4/16/18

60 BW

BEST WAY NET 60 DAYS

Desc Main Document

Page 21 of



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: Special Handling: FedEx 2Day 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



Invoice Number **Invoice Date**

901861147 04/18/2018

Credit Terms Purchase Order Net 30 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 Sales Order No

32245 1001504385 **Order Date** 04/18/2018 **Date Shipped** 04/18/2018 Ship Via 04 FedEx 2Day Incoterms

Bill Of Lading

INTUITIVE WAREHOUSE 780584880860

Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc. 34 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	2	0	EA	3,200.00	N	6,400.00
	ASSEMBLY, MONOPOLAR CURVED SCISS	SORS,8MM,I					
	Batch No: N11180314						
20	420183-12	1	0	EA	2,000.00	N	2,000.00
	ASSEMBLY, PERMANENT CAUTERY HOOF						
	Batch No: N10180226						
30	420309-06	2	0	EA	2,400.00	N	4,800.00
	ASSEMBLY, MEGASUTURECUT ND, IS 2000)					
	Batch No: N10180215						

Currency: USD

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

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

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INC	ITIVE SURGICAL	TTIVE
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UTU SUNNYVALE, CA 1266 KIFER RD

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

ID:

I023

Vendor No.

Ordered By **GMHDCAMPB**

Order Date 4/18/18

Expected Delivery Date Terms/Freight

4/18/18

60 BW

BEST WAY NET 60 DAYS 94086

MS PHN:

AMORY

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD

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

38821

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

GILMORE MEMORIAL HOSPITAL

BILL

TO:

00523

: TE

003 Item Line

373770

Number

Qty

Unit

Order

Description/

REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D

EA

DRIVER NEEDLE SUTURE CUT

Catalog# / Mfg ID-Number

Expense To

701

2,400.00

4,800.00

Price Extended

Price

Dept/

Unit

701425

420309 420309

Order

No./

002

173500

EA Unit

420183 420183

Line

No./

Item Number

Qty

Order

order

Description/

Catalog# / Mfg ID-Number

Expense To

2,000.00

Price Unit

Dept,

701425

HOOK CAUTERY PERMANENT DAVINCI

Item Line

Number

Qty

Unit

Order

Description/

EA

SHEARS HOT ENDOWRIST DA VINCI

420179 420179

REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D

Catalog# / Mfg ID-Number

Expense To

3,200.00

701425

Dept/

Unit

Price

Order

173499

No./

2,000.00

Price Extended 6,400.00

Price

Extended

GILMORE MEMORIAL HOSPITAL

00523

Purchase Order Number:

VENDOR:

SUNNYVALE, CA 1266 KIFER RD INTUITIVE SURGICAL INC

TD:

I023

S

REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D

Vendor No.

Ordered By **GMHDCAMPB**

Order Date 4/18/18

Expected Delivery Date Terms/Freight

0.9 BW

BEST WAY NET 60 DAYS

4/18/18

FAX: 704193 (800) 876-1310 14085232377

PHN:

SHIP TO:
GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

MS AMORY

94086

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

38821

AMORY, MS

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

1105 EARL FRYE BLVD

PO BOX 459

GILMORE MEMORIAL HOSPITAL TO:

BILL

Case 3:18-bk-05675

Claim 10-1

Filed 12/03/18 145

.00

TOTAL AMOUNT:

13,200.00

SUBTOTAL:

13,200.00

TAX:

Desc Main Document

Page 25 of



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



Invoice Number Invoice Date

901863904 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

Sold To

Sales Order No Order Date **Date Shipped**

Ship Via Incoterms Bill Of Lading 32245

1001506336 04/20/2018 04/20/2018

04 FedEx 2Day INTUITIVE WAREHOUSE .

780617242592

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	1	0	BOX	200.00	N	200.00
	TIP COVER ACCESSORY DISE	OSABLE SMM MCS B					

Batch No: M10180223

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

Purchase Order Number: 00549	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662)256-6226 FAX: (662)256-1693	te Terms/Freight 60 NET 60 DAYS BW BEST WAY	Dept/ Unit Extended spense To Price Price 701 200.00 200.00 LOCATION SRB3B	SUBTOTAL: 200.00 TAX: .00 TOTAL AMOUNT: 200.00
SPITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821 PHN: (662) 256-6218 FAX: (662) 256-6149	Order Date Expected Delivery Date Terms/Freight 4/20/18 60 NET 60 DA BW BEST WAY	Description/ Catalog# / Mfg ID-Number Expense To TIP COVER ACCESSORY HOT SHEAR 701 400180 400180 REQUEST FROM STORAGE AREA SUR BIN LOCATION	O.L.
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 94086 PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By 1023 GMHMWRIGH	Line No./ Order Order Item Number Oty Unit 001 238241 1 BX	H



Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

Delivery date:

AMORY, MS

Apr 23, 2018 09:35

Signed for by: Service type:

M.MCNEESE

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



Invoice Number Invoice Date

901867749 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 ACCOUNTS PAYABLE ATTN

Sold To

32245

Sales Order No

Order Date **Date Shipped** Ship Via

Incoterms Bill Of Lading

1001509346 04/25/2018

04/25/2018 04 FedEx 2Day INTUITIVE WAREHOUSE

780691704664

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	Part Number/ Part Description	Quantity Shipped	Quantity Open	Ú/M	Unit Price	Taxable	Net Price
20	410322-05	1	0	BOX	3,570.00	N	3,570.00
	ASSEMBLY, VESSEL SEALER, I	S3000,6-PACK					

Batch No: M10180110

Currency: USD

3,570.00 Subtotal 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

145



Invoice Number

901867047

Invoice Date

04/25/2018

Credit Terms Purchase Order Net 30 00595

Bill-To 51535

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

32245

Sold To Sales Order No Order Date

1001509346 04/25/2018 Date Shipped 04/25/2018 Ship Via UPS -Incoterms

Bill Of Lading

INTUITIVE WAREHOUSE

744968838347

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	1	0	BOX	1,000.00	N	1,000.00
	VIT DISPOSABLE ACCESSORY SADMISSOON E.B.						

KIT, DISPOSABLE ACCESSORY, 3ARM, IS3000, 5 P

Batch No: D173455

Currency: USD

Subtotal Shipping 1,000.00 0.00

Tax Total

0.00 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

00595	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662)256-6226 FAX: (662)256-1693	ght DAYS AY	Extended Price 1,000.00	Extended Price 3,570.00	4,570.00 .00 4,570.00
00	BILL TO: GILMORE MEMORIAL HO PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 3 PHN: (662)256-6226 FAX: (662)256-1693	Date Terms/Freight 60 NET 60 DAYS BW BEST WAY	Dept/ Unit Expense To Price 701 1,000.00 701400	Dept/ Unit Expense To Price 701 3,570.00 701400	SUBTOTAL: TAX: TOTAL AMOUNT:
PITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821 PHN: (662)256-6218 FAX: (662)256-6149	Order Date Expected Delivery Date Terms/Freight 4/25/18 60 NET 60 DA BW BEST WAY	Description/ Catalog# / Mfg ID-Number Expense KIT 3 ARM ROBOT ACCESORY 701 420290 420290 REQUEST FROM STORAGE AREA SUR BIN LOCAT	Description/ Catalog# / Mfg ID-Number Expense SEALER ENDOWRIST ONE VESSEL 701 410322 410322 REQUEST FROM STORAGE AREA SUR BIN LOCAT	
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 94086 PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By 1023 GMHMWRIGH	Line No./ Order Order D Item Number Qty Unit C 001 308440 1 BX K	Line No./ Order Order D Item Number Qty Unit C 002 413063 1 BX S	2



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.DOBB

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



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.DOBB

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



Invoice Number

901867750

Invoice Date

04/25/2018

Credit Terms Purchase Order Net 30 00610

Bill-To 51535

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

Ship To 704193

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

Sold To

Ship Via

Sales Order No Order Date Date Shipped

32245 1001509940 04/25/2018 04/25/2018 04 FedEx 2Day

Incoterms Bill Of Lading INTUITIVE WAREHOUSE

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	Ú/M	Unit Price	Taxable	Net Price
10	420206-03	1	0	BOX	400.00	N	400.00
	CANNULA SEAL, 8.5-13MM, BOX OF 10, CE MARKE						

Batch No: 1287843

Currency: USD

Subtotal 400.00 0.00 Shipping **Handling Charges** 9.95 0.00 Tax 409.95 Total

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

GILMORE MEMORIAL HOSPITAL

VENDOR:

Purchase Order Number:

BILLTO:

SHIP

SUNNYVALE, CA 1266 KIFER RD INTUITIVE SURGICAL INC

FAX: PHN: (800) 876-1310

704193 14085232377

ID:

I023

Vendor No.

Ordered By **GMHMWRIGH**

Order Date 4/25/18

Expected Delivery Date Terms/Freight

4/25/18

BW 60

BEST WAY NET 60 DAYS 94086

AMORY

PHN:

FAX:

(662) 256-6218 (662) 256-6149

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

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

AMORY, MS

1105 EARL FRYE BLVD PO BOX 459 GILMORE MEMORIAL HOSPITAL

00610

Line

Item Number No./

Qty Order

373762

BX Unit order

420206 420206

CANNULA CAMERA SEAL 8.5MM-13MM

Catalog# / Mfg ID-Number

Expense To Dept/

400.00

Price Extended

400.00

Unit Price

701400

Description/

TOTAL AMOUNT:

REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B

.00 400.00

Claim 10-1

Case 3:18-bk-05675

Filed 12/03/18 145

Desc Main Document

Page 36 of



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.DOBB

Delivery date:

Apr 27, 2018 11:23

Service type: Special Handling: FedEx 2Day 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



Invoice Number

901876503 05/04/2018

Invoice Date **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 ACCOUNTS PAYABLE ATTN

Sold To Sales Order No **Order Date Date Shipped**

32245 1001516318 05/03/2018 05/04/2018 UPS

Incoterms Bill Of Lading

Ship Via

INTUITIVE WAREHOUSE

744968855660

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	1	0	BOX	1,000.00	N	1,000.00
	KIT.DISPOSABLE ACCESSORY.3ARM.I	S3000.5 P					

Batch No: D180025

Currency: USD

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

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

16900	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662)256-6226 FAX: (662)256-1693	Date Terms/Freight 60 NET 60 DAYS BW BEST WAY	/ Unit Extended e To Price Price 1,000.00 1,000.00	SUBTOTAL: 1,000.00 TAX: .00 TOTAL AMOUNT: 1,000.00
SPITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821 PHN: (662)256-6218 FAX: (662)256-6149	Order Date Expected Delivery Date Terms/Freight 5/03/18 60 NET 60 DA BW BEST WAY	Description/ Catalog# / Mfg ID-Number Expense To KIT 3 ARM ROBOT ACCESORY 701 1,0 420290 420290 REQUEST FROM STORAGE AREA SUR BIN LOCATION ELA	
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 94086 PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By 1023 GMHDCAMPB	Line No./ Order Order Item Number Qty Unit 001 308440 1 BX	Н



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



Invoice Number Invoice Date

901877459 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 ACCOUNTS PAYABLE ATTN

Sold To

32245

Sales Order No Order Date Date Shipped

1001517382 05/04/2018 05/04/2018

Ship Via Incoterms 04 FedEx 2Day INTUITIVE WAREHOUSE

Bill Of Lading

780830778660 Carrier Account FEDEX FOR 704193-284688694 Ship To 704193

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

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	Ü/M	Unit Price	Taxable	Net Price
10	410299-03	1	0	BOX	1,320.00	Ν	1,320.00
	ASSEMBLY, SUCTION/IRRIGA	TOR INSTRUMENT,6-					

Batch No: M10180209

Currency: USD

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

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

00703	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662)256-6226 FAX: (662)256-1693	e Terms/Freight 60 NET 60 DAYS BW BEST WAY	Unit Extended to Price Price 1,320.00 1,320.00	SUBTOTAL: 1,320.00 TAX: .00 TOTAL AMOUNT: 1,320.00
SPITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821 PHN: (662)256-6218 FAX: (662)256-6149	Order Date Expected Delivery Date Terms/Freight 5/04/18 60 NET 60 DA BW BEST WAY	Description/ Catalog# / Mfg ID-Number Expense To Pri IRRIGATOR ENDOWRIST 701 1,320 410299 410299 REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3A	TOI
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 94086 PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By I023 GMHMWRIGH	Line No./ Order Order Item Number Oty Unit 001 336598 1 CS	Ţ



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



Invoice Number

901889261

Invoice Date

05/16/2018 Net 30

Credit Terms 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

Sold To

Ship Via

32245

Sales Order No Order Date **Date Shipped**

1001526862 05/16/2018 05/16/2018

Incoterms Bill Of Lading 04 FedEx 2Day INTUITIVE WAREHOUSE

781002721069

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	1	0	BOX	200.00	N	200.00
	TIP COVER ACCESSORY DIS	POSABLE RMM MCS B					

Batch No: M11180307

Currency: USD

200.00 Subtotal Shipping 0.00 9.95 **Handling Charges** Tax 0.00 209.95 Total

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

GILMORE MEMORIAL HOSPITAL

VENDOR:

Purchase Order Number:

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1266 KIFER RD INTUITIVE SURGICAL INC

PHN: SUNNYVALE, CA (800) 876-1310

FAX: H 704193 14085232377

Line

T023

Vendor No.

Ordered By **GMHMWRIGH**

Order Date 5/16/18

Expected Delivery Date Terms/Freight

5/16/18

BW 60

BEST WAY NET 60 DAYS

001 Item

238241

Number No./

Qty Order

Unit BX

REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B

400180 400180

TIP COVER ACCESSORY HOT SHEAR

Catalog# / Mfg ID-Number

Expense To Dept/

200.00

Unit Price

701400 701 Order

Description/

94086

SE

AMORY

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

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

38821

1105 EARL FRYE BLVD

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

AMORY, MS

GILMORE MEMORIAL HOSPITAL PO BOX 459

BILL

TO:

00837

TOTAL AMOUNT:

SUBTOTAL:

TAX:

200.00

200.00

Price Extended

200.00



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



Invoice Number

901890606

Invoice Date

05/17/2018 Net 30

Credit Terms 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 Sales Order No

32245 1001527968 05/17/2018

Order Date **Date Shipped** Ship Via Incoterms

05/17/2018 04 FedEx 2Day 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	1	0	EA	2,150.00	N	2,150.00
	HARMONIC ACE DA VINCLIN	SERT 5-PACK					

Batch No: M10170905

Currency: USD

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

Page 47 of

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:

00851	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 28821 PHN: (662) 256-6226 FAX: (662) 256-1693	Expected Delivery Date Terms/Freight 5/17/18 60 NET 60 DAYS BW BEST WAY	Dept/ Unit Extended Expense To Price 701 2,150.00 2,150.00 701400 N LOCATION SRB3A	SUBTOTAL: 2,150.00 TAX: .00 TOTAL AMOUNT: 2,150.00
SPITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821 PHN: (662) 256-6218 FAX: (662) 256-6149	Order Date Expected Deliv 5/17/18 5/17/18	Description/ Catalog# / Mfg ID-Number INSERT SHEAR HARMONIC ACE CRVD 400272 400272 REQUEST FROM STORAGE AREA SUR BIN	
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By IO23 GMHDCAMPB	Line No./ Order Order Item Number Qty Unit 001 323034 1 BX	F



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: Special Handling: FedEx 2Day 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



Invoice Number

901891074

Invoice Date

05/18/2018

Credit Terms Purchase Order Net 30 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

Ship Via

Sales Order No Order Date **Date Shipped**

32245 1001528605 05/18/2018 05/18/2018 UPS

Incoterms Bill Of Lading INTUITIVE WAREHOUSE

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

GMHMWRIGH TEL6622566218 FAX662-256-6149

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

Currency: USD

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

00862	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY MS		ght) DAYS VAY	Extended Price 1,000.00	Extended Price 1,300.00	2,300.00
0	BILL TO: GILMORE MEMORIAL HO: PO BOX 459 1105 EARL FRYE BLVD	PHN: (662)256-6226 FAX: (662)256-1693	Expected Delivery Date Terms/Freight 5/18/18 60 NET 60 DAYS BW BEST WAY	Dept/ Unit Expense To Price 701 1,000.00 701400	Dept/ Unit Expense To Price 701 1,300.00 701400 I LOCATION E1B	SUBTOTAL: TAX: TOTAL AMOUNT:
PITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS	N: (662)256-6218 X: (662)256-6149	Order Date Expected Deliver 5/18/18	Description/ Catalog# / Mfg ID-Number Expense To 1 KIT 3 ARM ROBOT ACCESORY 701 1,0 420290 420290 REQUEST FROM STORAGE AREA SUR BIN LOCATION ELA	Description/ Catalog# / Mfg ID-Number Exp KIT 4 ARM ROBOT ACCESORY 420291 420291 REQUEST FROM STORAGE AREA SUR BIN LO	
MORIAL HOS	JRGICAL INC RD CA QAAAR	(800)876-1310 14085232377 704193	Ordered By GMHMWRIGH	Order Order Oty Unit 1 BX	Order Order Qty Unit 1 BX	0
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA	PHN: (800)87 FAX: 1408527 ID: 704193	Vendor No.	Line No./ Item Number (Line No./ Item Number (002 308441	



Dear Customer:

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

744968884894 744968884909 AMORY,MS

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



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



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: Special Handling:

FedEx 2Day 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



Invoice Number

901898783

Invoice Date

05/25/2018

Credit Terms Purchase Order Net 30 00939

Bill-To 51535

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

Sold To

32245

Sales Order No **Order Date**

1001534661 05/25/2018 05/25/2018

Date Shipped Ship Via Incoterms

04 FedEx 2Day INTUITIVE WAREHOUSE

Bill Of Lading

781138556554

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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 tem	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420093-12	1	0	EA	2,200.00	N	2,200.00
	ASSEMBLY, PROGRASP FORCE	PS,8MM,IS2000					
	Batch No: N11180326						
0	420179-15	2	0	EA	3,200.00	N	6,400.00
	ASSEMBLY, MONOPOLAR CURY	/ED SCISSORS,8MM,I					
	Batch No: N11180423						
0	420205-13	1	0	EA	2,700.00	N	2,700.00
	ASSEMBLY, FENESTRATED BIP	OLAR FORCEPS,8MM					
	Batch No: N11180417						
					14		

Currency: USD

11,300.00 Subtotal 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 Number

901898784

Invoice Date

05/25/2018 Net 30

Credit Terms Purchase Order

00939

Bill-To 51535

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

Sold To

Sales Order No

Order Date

Date Shipped Ship Via

32245

Bill Of Lading Carrier Accor Carrier Account FEDEX FOR 704193-284688694

1001534661 05/25/2018 05/25/2018 04 FedEx 2Day INTUITIVE WAREHOUSE

781137333941

Ship To 704193

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

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

Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
420023-02	1	0	BOX	600.0	N C	600.00
BLADELESS OBTURATOR,8MM	1,DA VINCI S REG,B					
Batch No: 73A1800218						
	Part Description 420023-02 BLADELESS OBTURATOR,8MM	Part Description Shipped 420023-02 1 BLADELESS OBTURATOR,8MM,DA VINCI S REG,B	Part DescriptionShippedOpen420023-0210BLADELESS OBTURATOR,8MM,DA VINCI S REG,B	Part DescriptionShippedOpen420023-0210BOXBLADELESS OBTURATOR,8MM,DA VINCI S REG,B	Part Description Shipped Open 420023-02 1 0 BOX 600.00 BLADELESS OBTURATOR,8MM,DA VINCI S REG,B 600.00 600.00	Part Description Shipped Open 420023-02 1 0 BOX 600.00 N BLADELESS OBTURATOR,8MM,DA VINCI S REG,B Output Output

Total 1266 Kifer Road Sunnyvale, CA 94086-5206 USA

www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

Currency: USD

D&B: 93-864-7021

Subtotal

Shipping

Tax

600.00 0.00

0.00

600.00

00939	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662)256-6226 FAX: (662)256-1693	Expected Delivery Date Terms/Freight 5/25/18 60 NET 60 DAYS BW BEST WAY	Dept/ Unit Extended Expense To Price Price 701 2,200.00 2,200.00 BIN LOCATION SRB3D	Dept/ Unit Extended Expense To Price Price 701 3,200.00 6,400.00 BIN LOCATION SRB3D	Dept/ Unit Extended Expense To Price Price 701 600.00 600.00
SPITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821 PHN: (662)256-6218 FAX: (662)256-6149	Order Date Expected Delivery 5/25/18	Description/ Catalog# / Mfg ID-Number Expense GRASPER ENDOWRIST PROGRASP 701 420093 420093 REQUEST FROM DEPT LOCATION 701 BIN LOCAT	Description/ Catalog# / Mfg ID-Number Expense SHEARS HOT ENDOWRIST DA VINCI 701 420179 420179 REQUEST FROM DEPT LOCATION 701 BIN LOCA	Description/ Catalog# / Mfg ID-Number Expense OBTURATOR 8MM BLADELESS 701 420023 420023
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 94086 PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By 1023 GMHMWRIGH	Line No./ Order Order Item Number Oty Unit 001 173496 1 EA	Line No./ Order Order Item Number Qty Unit 002 173499 2 EA	Line No./ Order Order Item Number Qty Unit 003 267290 1 BX

00939	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662) 256-6226 FAX: (662) 256-1693	Expected Delivery Date Terms/Freight 5/25/18 60 NET 60 DAYS BW BEST WAY	ATION SRB3B	Dept/ Unit Extended Expense To Price Price 701 2,700.00 2,700.00 BIN LOCATION SRB3D	SUBTOTAL: 11,900.00 TAX: .00 TOTAL AMOUNT: 11,900.00
PITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821 PHN: (662) 256-6218 FAX: (662) 256-6149	Order Date Expected Delivery 5/25/18	REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B	Description/ Catalog# / Mfg ID-Number Expense FORCEP FENESTRATED BIOPOLAR 701 420205 420205 REQUEST FROM DEPT LOCATION 701 BIN LOCAT	
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 94086 PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By I023 GMHMWRIGH		Line No./ Order Order Item Number Oty Unit 004 280455 1 EA	S



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



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



Invoice Number

901949634

Invoice Date

07/17/2018

Credit Terms Purchase Order Net 30 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 Sales Order No Order Date Date Shipped 32245 1001539912 06/04/2018 07/17/2018

Ship Via Incoterms Bill Of Lading Carrier Account 03 FedEx Standard Overn INTUITIVE WAREHOUSE 781901286531, 781901286472 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
30	410322-05	2	0	BOX	3,570.00	N	7,140.00
	ASSEMBLY, VESSEL SEALER, IS3000, 6-PA	ACK					
	Batch No: M11180322						

Currency: USD

Subtotal Shipping 7,140.00 0.00

Tax Total 0.00 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 Number

901949635

Invoice Date

07/17/2018 Net 30

Credit Terms 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 Date Shipped**

Ship Via Incoterms Bill Of Lading **Carrier Account** 06/04/2018 07/17/2018 03 FedEx Standard Overn INTUITIVE WAREHOUSE

781900525314

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
40	420290-03	1	0	BOX	1,000.00	N	1,000.00
	KIT,DISPOSABLE ACCESSORY,3ARM,IS3000,5 P						
	Batch No: D180617	3.7					

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



Dear Customer:

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

781901286531 781901286472 AMORY, MS 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



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



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



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

GILMORE MEMORIAL HOSPITAL

Purchase Order Number:

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SUNNYVALE, CA 1266 KIFER RD INTUITIVE SURGICAL INC VENDOR

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

94086

PHN:

AMORY

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

GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD

To:

1105 EARL FRYE BLVD PO BOX 459 GILMORE MEMORIAL HOSPITAL

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

01003

002

9999999

Item

Number

Qty

w

420290

3 ARM DRAPE KIT

Catalog# / Mfg

ID-Number

Expense To

1,000.00

1,000.00

Price Extended

Price

701400

TOTAL AMOUNT:

8,140.00

.00

SUBTOTAL:

8,140.00

TAX:

Dept/

Unit

Order

Order Unit

Description/

Line

No./

Line

I023

Vendor No.

Ordered By

Order Date 6/04/18

Expected Delivery Date Terms/Freight

6/04/18

BW 60

NET 60 DAYS BEST WAY

GMHMWR IGH

Item

Number No./

Qty

N

BX Unit Order

410322

Catalog# / Mfg Description/

ID-Number

Expense To

3,570.00

701400 701 Dept/

Unit

Price

VESSEL SEALER

Order

9999999

7,140.00

Price

Extended



Invoice Number

901905460

Invoice Date

06/04/2018

Credit Terms Purchase Order Net 30 01026

Bill-To 51535

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

Ship To 704193

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

Sold To Sales Order No **Order Date** Date Shipped

32245 1001540494 06/04/2018 06/04/2018 UPS

Incoterms Bill Of Lading

Ship Via

INTUITIVE WAREHOUSE

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	1	0	BOX	1,000.00	N	1,000.00
	KIT DISPOSABLE ACCESSORY 3ARM IS3000.5 P						

Batch No: D180297

Currency: USD

Subtotal Shipping 1,000.00 0.00

Tax Total

0.00 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 Number

901906601

Invoice Date

06/04/2018 Net 30

Credit Terms 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. Sales Order No **Order Date** Date Shipped

32245 1001540494 06/04/2018 06/04/2018 04 FedEx 2Day

Incoterms Bill Of Lading 781267460082

Ship Via

INTUITIVE WAREHOUSE

Carrier Account FEDEX FOR 704193-284688694

REMITTANCE ADDRESS

Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 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	1	0	BOX	400.00	N	400.00
	CANNULA SEAL, 8.5-13MM, BOX	OF 10,CE MARKE					
	Batch No: 1287845						

Currency: USD

400.00 Subtotal 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

DODITION T	Distabace
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01026

j	SURGICAL INC	**
1	GILMORE M	SHIP T
	EMORIAL HOSPITAI	SHIP TO:

SUNNYVALE, CA 1266 KIFER RD INTUITIVE

VENDOR

FAX: PHN: 14085232377 (800) 876-1310

H:

704193

I023

GMHMWRIGH Ordered By

Order Date 6/04/18

Expected Delivery Date Terms/Freight

6/04/18

60

NET 60 DAYS BEST WAY

BW

Vendor No.

94086

H

AMORY LIUS MAKL FKIE BLVD

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

AMORY, MS 38821

1105 EARL FRYE BLVD

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

REQUEST FROM STORAGE AREA SUR BIN LOCATION SRB3B

N

TOTAL AMOUNT: SUBTOTAL: TAX: 1,400.00

1,400.00

Case 3:18-bk-05675

Claim 10-1

Filed 12/03/18 145

1,000.00 Price Extended

001

308440

Item Number

Qty Order

373762

BX Unit

CANNULA CAMERA

SEAL 8.5MM-13MM

Expense To

400.00

Price Unit

Price Extended

400.00

701400

Dept/

420206 420206

Catalog# / Mfg ID-Number

Order

Description/

REQUEST FROM STORAGE AREA

SUR BIN LOCATION E1A

701400

420290 420290

Line

No./

Line

It em

Number No./

Qty

BX Unit Order

Order

Description/

Catalog# / Mfg ID-Number

Expense To

1,000.00

Dept/

Unit Price

KIT 3 ARM ROBOT ACCESORY

Desc Main Document

Page 70 of

GILMORE MEMORIAL HOSPITAL

BILL

TO:

PO BOX 459



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.MCNESSE

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



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.MCNESSE

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



Invoice Number

901908176

Invoice Date

06/05/2018

Credit Terms Purchase Order Net 30 01046

Bill-To 51535

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

Ship To 704193

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

Sold To

32245

Sales Order No Order Date

1001541756 06/05/2018 06/05/2018

Date Shipped Ship Via Incoterms

04 FedEx 2Day 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	1	0	BOX	1,320.00	N	1,320.00
	ASSEMBLY, SUCTION/IRRIGATO	OR INSTRUMENT,6-					
	Batch No: M11180302						

Currency: USD

Subtotal 1,320.00 Shipping 0.00 **Handling Charges** 9.95 0.00 Tax 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

01046	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662) 256-6226 FAX: (662) 256-1693	Expected Delivery Date Terms/Freight 6/05/18 60 NET 60 DAYS BW BEST WAY	Dept/ Unit Extended Expense To Price Price 701 1,320.00 1,320.00 701400 BIN LOCATION SRB3A	SUBTOTAL: 1,320.00 TAX: .00 TOTAL, AMOUNT: 1,320.00
SPITAL	### TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS MS PHN: (662) 256-6218 FAX: (662) 256-6149	Order Date Expected 6/05/18 6/	Description/ Catalog# / Mfg ID-Number IRRIGATOR ENDOWRIST 410299 410299 REQUEST FROM STORAGE AREA SUR	
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By IO23 GMHMWRIGH	Line No./ Order Order Item Number Oty Unit 001 336598 1 CS	1



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



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



Invoice Number

901920185 06/18/2018

Invoice Date **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 ACCOUNTS PAYABLE** ATTN

Sold To

32245

Sales Order No **Order Date** Date Shipped

1001542604 06/06/2018 06/18/2018

Ship Via Incoterms Bill Of Lading

03 FedEx Standard Overn INTUITIVE WAREHOUSE

781466949930

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	1	0	BOX	200.00	N	200.00
	TIP COVER ACCESSORY, DISPOS	SABLE,8MM MCS,B					
	Batch No: M10180418						
20	420183-12	1	0	EA	2,000.00	N	2,000.00
	ASSEMBLY, PERMANENT CAUTE	RY HOOK,8MM,IS20					
	Batch No: N10180510						
30	420049-09	1	0	EA	2,000.00	N	2,000.00
	ASSEMBLY, CADIERE FORCEPS,	3MM,IS2000					
	Batch No: N10171214						
40	420194-10	1	0	EA	2,200.00	N	2,200.00
	ASSEMBLY, MEGA NEEDLE DRIVI	ER,8MM,IS2000					
	Batch No: N10180111						
50	420309-06	2	0	EA	2,400.00	N	4,800.00
	ASSEMBLY, MEGASUTURECUT N	D,IS2000					
	Batch No: N10180403						

Currency: USD

Subtotal Shipping **Handling Charges** 11,200.00 0.00 9.95

Tax Total

0.00 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 Number Invoice Date

901920186 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 ACCOUNTS PAYABLE ATTN

Ship To 704193

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

Sold To Sales Order No Order Date

32245 1001542604 06/06/2018 06/18/2018

Date Shipped Ship Via Incoterms Bill Of Lading

03 FedEx Standard Overn INTUITIVE WAREHOUSE

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	1	0	BOX	200.00	N	200.00
	TIP COVER ACCESSORY, DISPO	SABLE,8MM MCS,B					

Batch No: M10180419

Currency: USD

Subtotal Shipping 200.00 0.00

Tax Total

0.00 200.00

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

rateliase order namer.	01062	BILL TO:	GILMORE MEMORIAL HOSPITAL PO BOX 459	1105 EARL FRYE BLVD	AMORY, MS 38821	PHN: (662)256-6226	FAX: (662)256-1693	Expected Delivery Date Terms/Freight 6/06/18 60 NET 60 DAYS BW BEST WAY	SUBTOTAL: 11,200.00 TAX: .00 TOTAL AMOUNT: 11,200.00
	TAL	SHIP TO:	GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD	AMORY	MS 38821	PHN: (662)256-6218	FAX: (662)256-6149	Order Date Expected Delivery 6/06/18 6/06/18	
	GILMORE MEMORIAL HOSPITAL	VENDOR:	INTUITIVE SURGICAL INC 1266 KIFER RD	SUNNYVALE, CA	94086	PHN: (800)876-1310	FAX: 14085232377 ID: 704193	Vendor No. Ordered By 1023 GMHMWRIGH	9

Purchase Order Number: 01062	BILL TO: GILMORE MEMORIAL HOSPITAI PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662)256-6226 FAX: (662)256-1693	Date Terms/Freight 60 NET 60 DAYS BW BEST WAY	ATION SRB3D	/ Unit Extended se To Price Price 2,200.00 2,200.00 25 ATION SRB3D	/ Unit Extended te To Price Price 2,400.00 4,800.00
SPITAL	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY MS 38821 PHN: (662) 256-6218 FAX: (662) 256-6149	Order Date Expected Delivery Date Terms/Freight 6/06/18 60 NET 60 DA BW BEST WAY	REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D	Description/ Catalog# / Mfg ID-Number Expense To Pric DRIVER NEEDLE MEGA 701 2,200. 420194 420194 REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D	Description/ Catalog# / Mfg ID-Number Expense To Pricatalog# / Mfg ID-Number To Pricative Needle Surure Cut 701 2,400. 420309 420309 REQUEST FROM DEPT LOCATION 701 BIN LOCATION SRB3D
GILMORE MEMORIAL HOSPITAL	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 94086 PHN: (800)876-1310 FAX: 14085232377 ID: 704193	Vendor No. Ordered By 1023 GMHMWRIGH		Line No./ Order Order Item Number Oty Unit 004 286155 1 EA	Line No./ Order Order Item Number Qty Unit 005 373770 2 EA

GILMORE MEMORIAL HOSPITAL	IEMOR IA I	L HO	SPITAL	01062
VENDOR: INTUITIVE SUR 1266 KIFER RD SUNNYVALE, CA	VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA	NC OA OOE	SHIP TO: GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY	TO: EMORIAL HO PRYE BLV
PHN: (800)8 FAX: 140852 ID: 704193	(800)876-1310 14085232377 704193	34000	PHN: (662)256-6218 FAX: (662)256-6149	AMOKY, MS 38821 PHN: (662)256-6226 FAX: (662)256-1693
Vendor No. 1023	No. Ordered By GMHMWRIGH	ed By RIGH	Order Date Expected Delive 6/06/18 6/06/18	Expected Delivery Date Terms/Freight 6/06/18 60 NET 60 DAYS BW BEST WAY
Line No./ Item Number 001 238241	Order Qty 1	Order Unit BX	Description/ Catalog# / Mfg ID-Number Ex. TIP COVER ACCESSORY HOT SHEAR 400180 400180 REQUEST FROM STORAGE AREA SUR BIN I	Dept/ Unit Extended Expense To Price Price 701 200.00 200.00 I LOCATION SRB3B
Line No./ Item Number 002 173500	Order Qty 1	Order Unit EA	Description/ Catalog# / Mfg ID-Number Ex. HOOK CAUTERY PERMANENT DAVINCI 420183 420183 REQUEST FROM DEPT LOCATION 701 BIN	Dept/ Unit Extended Expense To Price Price 701 2,000.00 2,000.00 BIN LOCATION SRB3D
Line No./ Item Number 003 280465	Order Qty 1	Order Unit EA	Description/ Catalog# / Mfg ID-Number Ex. FORCEP CADIERE ROBOTIC 420049 420049	Dept/ Unit Extended Expense To Price Price 701 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



Invoice Number

901911216

Invoice Date

06/08/2018 Net 30

Credit Terms 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 Sales Order No Order Date

Date Shipped

Ship Via

32245 1001544893 06/08/2018 06/08/2018

Incoterms Bill Of Lading INTUITIVE WAREHOUSE

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	1	0	BOX	1,000.00	N	1,000.00
	KIT, DISPOSABLE ACCESSOF	RY,3ARM,IS3000,5 P					

Batch No: D180385

Currency: USD

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

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

SHIP TO: SHIP TO: CILMORE MEMORIAL HOSPITAL O1092	rulchase older Number:	76010	BILL TO: GILMORE MEMORIAL HOSPITAL PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 38821 PHN: (662) 256-6226 FAX: (662) 256-1693	ght DAYS AY	Extended Price 1,000.00	1,000.00 1 .00 .00 1,000.00
SHIP TO ILMORE MEMOH 105 EARL FRY MORY S HN: (662)256 AX: (662)256 AX: (662)256 AX: (662)256 AX: (662)256 AX: (700) SP/18 Con/ I ROBOT ACCE 20290 FROM STORAGE	ruiciiase oi	כ	BILL T(GILMORE MEN PO BOX 459 1105 EARL F AMORY, MS PHN: (662)2 FAX: (662)2	Date Terms/Frei 60 NET 60 BW BEST W		SUBTOTAL: TAX: TOTAL AMOUNT:
SHIP TO ILMORE MEMOH 105 EARL FRY MORY S HN: (662)256 AX: (662)256 AX: (662)256 AX: (662)256 AX: (662)256 AX: (700) SP/18 Con/ I ROBOT ACCE 20290 FROM STORAGE			L HOSPITAL BLVD 38821 218 149	pected Delivery 6/08/18	E3	
CILMORE MEMORIAL HOSPITT VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 94086 PHN: (800)876-1310 FAX: 14085232377 ID: 704193 Vendor No. Ordered By 1023 GMHMWRIGH Line No./ Order Descritem Number Qty Unit Catalon 1 308440 I BX KIT 3 182029	l-l	AL	SHIP TO: GILMORE MEMORIA 1105 EARL FRYE AMORY MS PHN: (662) 256-6 FAX: (662) 256-6		iption/ og# / Mfg ID-Numb ARM ROBOT ACCESO 0 420290 ST FROM STORAGE A	
CILMORE MEMORIAL VENDOR: INTUITIVE SURGICAL INC 1266 KIFER RD SUNNYVALE, CA 9 PHN: (800)876-1310 FAX: 14085232377 ID: 704193 ID: 704193 ID: 704193 ID: 704193 ID: 704193 ID: 308440 Item Number Qty U	77.000	HONFIL	4086			
CILMORE 1 VENDC INTUITIV 1266 KIF SUNNYVAL SUNNYVAL PHN: (80 FAX: 140 ID: 704	T K T CI CARETAR	MEMOKIAL	H		7 L	П
	E CONTINUE	GILMORE	VENDC INTUITIV 1266 KIF SUNNYVAL PHN: (80 FAX: 140 ID: 704	Vendor I023	e NC	



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.

Case 3:18-bk-05675 Claim 10-1

Filed 12/03/18

Desc Main Document

Page 85 of



Invoice Number Invoice Date

901921166 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** ACCOUNTS PAYABLE ATTN

Sold To Sales Order No Order Date **Date Shipped**

32245 1001552239 06/18/2018 06/19/2018 UPS

Incoterms

Ship Via

INTUITIVE WAREHOUSE

Bill Of Lading 744968943967

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	420290-03	1	0	BOX	1,000.00	N	1,000.00

Batch No: D180527

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

1		
(-	
9	•	•

SUNNYVALE, CA 1266 KIFER RD INTUITIVE SURGICAL INC 94086

FAX: PHN:

ID:

I023

GMHMWR IGH Ordered By

Order Date 6/18/18

Expected Delivery Date Terms/Freight

60

BW

BEST WAY NET 60 DAYS

6/18/18

Vendor No.

704193 (800) 876-1310 14085232377

1105 EARL FRYE BLVD GILMORE MEMORIAL HOSPITAL

PHN:

MS AMORY

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

38821

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

PHN: (662)256-6226 FAX: (662)256-1693 38821

Purchase Order Number:

Item

Number No./

Qty Order

308440

BX Unit Order

420290 420290

REQUEST FROM STORAGE AREA

SUR BIN LOCATION E1A

701400 701 Catalog# / Mfg ID-Number

Expense Dept/

To

Unit Price

1,000.00

KIT 3 ARM ROBOT ACCESORY

Description/

Line

SUBTOTAL: 1,000.00

TAX:

.00

1,000.00

Claim 10-1

Case 3:18-bk-05675

TOTAL AMOUNT:

Filed 12/03/18 145

1,000.00

Price Extended

Desc Main Document

Page 87 of



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



Invoice Number Invoice Date

901925369 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** ACCOUNTS PAYABLE ATTN

Sold To Sales Order No Order Date **Date Shipped** Ship Via

32245 1001555439 06/21/2018 06/21/2018 04 FedEx 2Day

Incoterms Bill Of Lading INTUITIVE WAREHOUSE 781532922402

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	2	0	EA	2,200.00	N	4,400.00
	ASSEMBLY, MEGA NEEDLE DRI	VER,8MM,IS2000					
	Batch No: N10180111						
20	400272-02	1	0	EA	2,150.00	N	2,150.00
	HARMONIC ACE, DA VINCI INSE	RT,5-PACK					
	Batch No: M10170920	20					
30	420327-04	2	0	EA	1,400.00	N	2,800.00
	ASSEMBLY, MEDIUM-LARGE CL	JP APPLIER,8MM,I					
	Batch No: N10180402						

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

Generated on: 11-30-2018 10:47

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Total Lines: Delivery Date:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Message:

Confirmation #: 1001555439

Supplier: Time PO Received: Intuitive Surgical Inc

Delivery Option:

06-21-2018 12:18

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

Bill To Address:

and reporting. www.davincisurgerycommunity.com Gilmore Memorial Hospital - Curae Health

1105 Earl Frye Blvd

Amory, MS 38821-5500 USA

Ship To Address:

704193

01232 \$9,350.00

Stand Alone Order

Supplier Update Received

Gilmore Memorial Hospital - Curae Health

1105 Earl Frye Blvd

Amory, MS 38821-5500 USA

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

					Oly	Ucas		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



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



Invoice Number Invoice Date

901926834 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

Sold To Sales Order No **Order Date** Date Shipped

32245 1001556574 06/22/2018 06/22/2018 04 FedEx 2Day

Ship Via Incoterms Bill Of Lading

INTUITIVE WAREHOUSE

781547117687

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	420024-02	1	0	BOX	600.00	N	600.00
	BLADELESS OBTURATOR,8MM,	DA VINCI S LONG,					
	Batch No: 73B1800064						

Currency: USD

Subtotal 600.00 0.00 Shipping **Handling Charges** 9.95 0.00 Tax 609.95 Total

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



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: Special Handling: FedEx 2Day 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:

AMORY, MS US

Shipper:

SOUTHAVEN, MS US

Reference

1001556574/1701550541

Generated on: 11-30-2018 10:47

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #:

1001556574

Supplier: Intuitive Surgical Inc Time PO Received:

Delivery Option:

Message:

06-22-2018 12:20

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

01260

\$600.00

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD AMORY, MS 38821

Invoice Number(s):

Invoiced Amount:

Purchase Order Details

1	286151	420024	Accepted	OBTURATOR BLADELESS LONG 8MM	1	BX	\$600.00	\$600.00



Invoice Number Invoice Date

901928119 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 Sales Order No

32245 1001557949 Order Date 06/25/2018 Date Shipped Ship Via Incoterms

06/25/2018 04 FedEx 2Day INTUITIVE WAREHOUSE 781580960287

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

TEL6622566218 FAX662-256-6149

Line	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	428065-07	1	0	BOX	1,425.00	N	1,425.00
	SINGLE-SITE PORT, 8.5MM EN	IDO.BOX OF 10					

Batch No: M10180223

Currency: USD

1,425.00 Subtotal Shipping 0.00 9.95 **Handling Charges** 0.00 Tax 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

Generated on: 11-30-2018 10:48

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #:

1001557949

Supplier:

06-25-2018 14:42

Time PO Received: **Delivery Option:**

Message:

Intuitive Surgical Inc

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

01283

\$1,425.00

06-25-2018

Stand Alone Order Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line #					or,	uon		Extended Price
1	337818	428065	Accepted	PORT SINGLE-SITE 8.5MM ENDOSCPE	1	BX	\$1,425.00	\$1,425.00



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: Special Handling: FedEx 2Day 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



Invoice Number

901928610

Invoice Date **Credit Terms** 06/26/2018 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

Sales Order No Order Date

Date Shipped Ship Via Incoterms

32245 1001559154 06/26/2018

06/26/2018 **UPS** INTUITIVE WAREHOUSE

744968962311

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

GMHMWRIGH TEL6622566218 FAX662-256-6149

Batch No: D180717

Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420291-03	1	0	BOX	1,300.00	N	1,300.00
	KIT, DISPOSABLE ACCESSOR	Y.4ARM.IS3000.5 P					

Currency: USD

Subtotal Shipping 1,300.00 0.00

Tax Total

0.00 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



Bill-To 51535

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

Sold To Sales Order No

Order Date **Date Shipped** Ship Via Incoterms

32245 1001559154 06/26/2018 06/26/2018 04 FedEx 2Day INTUITIVE WAREHOUSE

Bill Of Lading 781600913520

Carrier Account FEDEX FOR 704193-284688694

Invoice Page 1 of 1

Invoice Number **Invoice Date**

901929726 06/26/2018

Credit Terms

Net 30

Purchase Order

01306

Ship To 704193

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

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
20	420206-03	1	0	BOX	400.00	N	400.00
	CANNULA SEAL 8 5-13MM BC	X OF 10 CF MARKE					

Batch No: 1294333

Currency: USD

Subtotal 400.00 Shipping 0.00 9.95 **Handling Charges** 0.00 Tax 409.95 Tota!

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

Generated on: 11-30-2018 10:48

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

GMHMWRIGH

Phone: 6622566218

Fax: 662-256-6149

Confirmation #:

1001559154

Supplier: Time PO Received: Intuitive Surgical Inc

Delivery Option:

06-26-2018 14:37

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

01306

\$1,700.00

06-26-2018

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD

AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

Line#						UOM		
1	308441	420291	Accepted	KIT 4 ARM ROBOT ACCESORY	1	вх	\$1,300.00	\$1,300.00
2	373762	420206	Accepted	CANNULA CAMERA SEAL 8.5MM-13MM	1	вх	\$400.00	\$400.00



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: Special Handling:

Deliver Weekday

FedEx Standard Overnight

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.

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18



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: Special Handling: FedEx 2Day 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.

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18

Desc Main Document



Invoice Number Invoice Date

901931657 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

Sales Order No

1001561086 06/28/2018 **Order Date Date Shipped** 06/28/2018 Ship Via

Incoterms Bill Of Lading UPS

32245

INTUITIVE WAREHOUSE

414549623904

Batch No: D180737

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	· · · · · · · · · · · · · · · · · · ·	0	BOX	1,000.00	N	1,000.00
	KIT, DISPOSABLE ACCESSOR	Y,3ARM,IS3000,5 P					

Currency: USD

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

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390

Generated on: 11-30-2018 10:49

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #:

1001561086

Supplier: Time PO Received: Intuitive Surgical Inc

Delivery Option:

Message:

06-28-2018 10:48

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

Bill To Address:

and reporting. www.davincisurgerycommunity.com BTU00000

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD

AMORY, MS 38821

Ship To Address:

704193

01331

\$1,000.00

06-28-2018

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD

AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Purchase Order Details

				Rein Description				
1	308440	420290	Accepted	KIT 3 ARM ROBOT ACCESORY	1	BX	\$1,000.00	\$1,000.00



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: Special Handling: FedEx 2Day 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.

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18



Invoice Number

901932733 06/28/2018

Invoice Date **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 Order Date Date Shipped

Incoterms Bill Of Lading

Ship Via

1001561489 06/28/2018 06/28/2018 04 FedEx 2Day

INTUITIVE WAREHOUSE

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	1	0	BOX	600.00	N	600.00
	BLADELESS OBTURATOR.8MN	I.DA VINCI S REG.B					

Batch No: 73C1800034

Currency: USD

Subtotal 600.00 Shipping 0.00 **Handling Charges** 9.95 0.00 Tax 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

Generated on: 11-30-2018 10:49

GHX - Purchase Order

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #: Supplier:

1001561489

06-28-2018 14:33

Time PO Received: **Delivery Option:**

Message:

Intuitive Surgical Inc

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:

Invoiced Amount:

BTU00000

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY, MS 38821

PO #:

01338

\$600.00

PO Amount: PO Type: **Order Status:**

Stand Alone Order Supplier Update Received

Total Lines:

Delivery Date:

06-28-2018

Ship To Address:

704193

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD AMORY, MS 38821

Invoice Number(s):

Purchase Order Details

Line#					City		Price	
1	267290	420023	Accepted	OBTURATOR 8MM BLADELESS	1	BX	\$600.00	\$600.00



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: Special Handling: FedEx 2Day 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



Invoice Number

901936111

Invoice Date

07/02/2018

Credit Terms Purchase Order Net 30 01377

Bill-To 51535

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

Sold To

32245

Sales Order No Order Date Date Shipped

1001563860 07/02/2018 07/02/2018 04 FedEx 2Day

Incoterms Bill Of Lading

Ship Via

INTUITIVE WAREHOUSE

781685293777

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	4	0	EA	3,200.00	N	12,800.00
	ASSEMBLY MONOPOLAR CU	RVED SCISSORS 8MM.I					

Batch No: N11180110

Currency: USD

12,800.00 Subtotal Shipping 0.00 **Handling Charges** 9.95 0.00 Tax 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

Generated on: 11-30-2018 10:50

GHX - Purchase Order PO #:

PO Amount:

Order Status: **Total Lines:**

Delivery Date:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Supplier:

Message:

Confirmation #:

1001563860

Time PO Received:

07-02-2018 14:41

Delivery Option:

Intuitive Surgical Inc

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

01377

\$12,800.00

07-02-2018

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD

AMORY, MS 38821

Invoiced Amount: Invoice Number(s):

läne #					dy	UOM		Externior Price
1	173499	420179	Accepted	SHEARS HOT ENDOWRIST DA VINCI	4	EA	\$3,200.00	\$12,800.00



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 Number

901938943 07/05/2018

Invoice Date 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 Sales Order No

32245 1001566195 Order Date **Date Shipped**

Ship Via Incoterms Bill Of Lading

07/05/2018 07/05/2018 04 FedEx 2Day INTUITIVE WAREHOUSE

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	1	0	BOX	200.00	N	200.00
	TIP COVER ACCESSORY, DIS	POSABLE,8MM MCS,B					

Batch No: M11180503

Currency: USD

200.00 Subtotal Shipping 0.00 9.95 **Handling Charges** 0.00 209.95 Total

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

Generated on: 11-30-2018 10:51

GHX - Purchase Order PO #:

PO Amount:

Order Status: **Total Lines:**

Delivery Date:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #:

1001566195

Supplier: Time PO Received:

07-05-2018 13:25

Delivery Option:

Message:

Intuitive Surgical Inc

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

access on-line pricing catalogs, check order status, submit RMA requests, and view system service history and reporting. www.davincisurgerycommunity.com

contact Customer Service at (800)876-1310 Ext.4. Please visit our da Vinci Surgery Customer Portal to

Bill To Address:

BTU00000

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD AMORY, MS 38821

Ship To Address:

704193

01412

\$200.00

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD AMORY, MS 38821

Invoice Number(s):

Invoiced Amount:

Line #			Urer Status	. Rem Discoption				
1	238241	400180	Accepted	TIP COVER ACCESSORY HOT SHEAR	1	вх	\$200.00	\$200.00



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 FedEx 2Day

Delivery date:

Jul 9, 2018 09:54

Service type: 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.

Case 3:18-bk-05675 Claim 10-1

Filed 12/03/18

Desc Main Document

Generated on: 11-30-2018 10:51

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #: 1001567239

Supplier:

Intuitive Surgical Inc 07-06-2018 13:38

Delivery Option:

Time PO Received:

Message:

Bill To Address:

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

BTU00000

GILMORE MEMORIAL HOSPITAL

1105 EARL FRYE BLVD

AMORY, MS 38821

Ship To Address:

704193

01431

\$1,000.00

07-06-2018

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD

AMORY, MS 38821

Invoice Number(s): **Invoiced Amount:**

Line #				Rem Description				FX(Gredot Prito
1	308440	420290	Accepted	KIT 3 ARM ROBOT ACCESORY	1	BX	\$1,000.00	\$1,000.00



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: Special Handling: FedEx 2Day 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 Number

1900473625 07/30/2018

Invoice Date **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

Sold To Sales Order No

32245 1270009 07/11/2018

Order Date **Date Shipped** Ship Via

07/11/2018

Incoterms Bill Of Lading 03 FedEx Standard Overn INTUITIVE WAREHOUSE

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

REMITTANCE ADDRESS

Intuitive Surgical Inc. Dept. 33629 P.O. Box 39000 San Francisco, CA 94139 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	1	0	EA	6,425.00	N	6,425.00
	ENDOSCOPE,STEREO,8.5MM,	0 DEG,SCHOELLY,G					
	F		9				

Currency: USD

Subtotal Shipping 6,425.00 0.00

Desc Main Document

0.00

Tax Total

6,425.00

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390

Authorized Signature

GILMORE MEMORIAL HOSPITAL

. 1, 141						
		001 9999999	Line No./ Item Number	1023	Vendor No.	V INTUITIVE E 1266 KIFER N SUNNYVALE, D O PHN: (800) R FAX: 14085 ID: 70419
-		99			The second secon	TTIVE : KIFER YVALE, (800): 14085; 70419;
	ب	ъ	Order Qty	GMH		INTUITIVE SURGICAL 1266 KIFER RD SUNNYVALE, CA PHN: (800)876-1310 FAX: 14085232377 ID: 704193
		EA	Order Unit	GMHDCAMPB	Ordered by	INC 94086
		EXCHANGE PROCESS	Description/ Catalog# / Mfg.ID-Number	7/12/18	Order Date	S GILMORE MEMORIAL H 1105 EARL FRYE BI I AMORY P MS T PHN: (662)256-621 O FAX: (662)256-614
			on/ D-Number	7/12/18	Expected Delivery Date	RE MEMORIAL HOSPITAL BARL FRYE BLVD 38821 (662)256-6218 (662)256-6149
fi.	TOT	701 701425	Dept/ Expense To	18	ery Date	
> -	SUBTOTAL: TAX: TOTAL AMOUNT:	6,425.00	Gin Pince	60 NET 60 D	lerm	B GILMORE MEMORIAL HO: I PO BOX 459 L 1105 EARL FRYE BLVD L AMORY, MS 3 T PHN: (662)256-6226 O FAX: (662)256-1693
	6,425.00 -00 6,425.00	6,425.00	Extended Price	BEST WAY	Terms/Freight	GILMORE MEMORIAL HOSPIT PO BOX 459 1105 EARL FRYE BLVD AMORY, MS 3882 PHN: (662)256-6226 FAX: (662)256-1693

Purchase Order Number:

01483



Intuitive Surgical Advanced Exchange Program

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 Price System Product Basic Repair Advance do Vinci XI 8 mm Endoscope w/Camera 8.5 mm Endoscope	into our da Vi	rstem # <u>SH-079</u> lecognized by the System	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 CUSTOMER INFORMATION Date 07/11/18 RMA # 1270009 Hospital Name 6 Power Memoria Hospital Hospital Name 6 Power Bland Hospital Name 7 Power Po	da Vinci Sy	rstem # <u>SH-079</u> lecognized by the System	73
Email: customerservice@intusurg.com Online: www.davincisurgerycommunity.com Step 2: Submit applicable purchase order (PO) by Email, Fax or online, by logging CUSTOMER INFORMATION Date 07/11/18 RMA # 1270009 Hospital Name Column Memorical Hospital Ship-to Address 1005 Fax Frye Blvv Attention 2000 Memorical Hospital Attention 2000 Memorical Hospital Problem Description: Fogging Issue Focusing Issue Color or Darknes Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) Track EVENT INFORMATION Did anything fall Into a patient during a surgical procedure? Yes No Event Details (if applicable): FERMS & CONDITIONS Contract Pric. System Product Basic Repair Address of Memory A	da Vinci Sy	rstem # <u>SH-079</u> lecognized by the System	3
Online: www.davincisurgerycommunity.com Step 2: Submit applicable purchase order (PO) by Email, Fax or online, by logging USTOMER INFORMATION Date 07/11/18 RMA # 1270009 Hospital Name Common Memorical Horge Fax Forge Bland Horge Fax Attention 20 4 Ce McCain P PO # SF1333007 Problem Description: Fogging Issue Focusing Issue Color or Darkness Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) Trace Was there any patient during a surgical procedure? Yes No Event Details (if applicable): ERMS & CONDITIONS Contract Prical Basic Repair Additional Additional Action of the Product Basic Repair Additional Action of the Pr	da Vinci Sy	rstem # <u>SH-079</u> lecognized by the System	3
Step 2: Submit applicable purchase order (PO) by Email, Fax or online, by logging USTOMER INFORMATION Date	da Vinci Sy	rstem # <u>SH-079</u> lecognized by the System	3
USTOMER INFORMATION Date 07/11/18 RMA # 1270009 Hospital Name Finance Memorical Height A Ship-to Address 10.5 Far Frye Blv 4 Attention 20 4 Ce McCaine Po # SF1333007 Problem Description: Fogging Issue Focusing Issue Color or Darkness Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) Trace VENT 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): ERMS & CONDITIONS Contract Price System Product Basic Repair Address Michael Product Basic Repair Address	da Vinci Sy	rstem # <u>SH-079</u> lecognized by the System	3
Hospital Name Grand Memorial Hospital Ship-to Address 105 Far Frye Blvv Attention Joyce Mcaine PO# Defective Part # 371939-02 Serial # SF1333007 Problem Description: Fogging Issue Focusing Issue Color or Darkness Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) Tra VENT INFORMATION Did anything fall into a patient during a surgical procedure? Yes No Event Details (if applicable): ERMS & CONDITIONS Contract Pric System Product Basic Repair Address Ad	ss Not R	lecognized by the System	3
Hospital Name	ss Not R	lecognized by the System	3
Ship-to Address	ss Not R	lecognized by the System	3
Attention Joyce McCaine PO# Defective Part # 371939-02 Serial # SF1333007 Problem Description: Fogging Issue Focusing Issue Color or Darkness Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) Tra VENT 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): ERMS & CONDITIONS Contract Price System Product Basic Repair Advance	ss Not R	lecognized by the System	3
Defective Part # 371939-02 Serial # SF1333007 roblem Description: Fogging Issue Focusing Issue Color or Darknes Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) Tra VENT 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): ERMS & CONDITIONS System Product Basic Repair Advanced Advanced No. 2016 Adva	ss Not R	lecognized by the System	3
Defective Part # 371939-02 Serial # SF1333007 roblem Description: Fogging Issue Focusing Issue Color or Darknes Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) Tra VENT 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): ERMS & CONDITIONS System Product Basic Repair Advanced Advanced No. 2016 Adva	ss Not R	lecognized by the System	3
Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) VENT INFORMATION Did anything fall into a patient during a surgical procedure? Was there any patient harm or injury? Event Details (if applicable): ERMS & CONDITIONS Contract Price System Product Basic Repair Advance Adv	ss Not R	lecognized by the System	
Physical Damage Other: Replacement Scope Type Requested Standard Scope Human Use) Tra VENT 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): ERMS & CONDITIONS Contract Pric System Product Basic Repair Advanced Advanced No. 2016 Advanced No	aining Scope (Lub	Use)	
Replacement Scope Type Requested VENT 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): ERMS & CONDITIONS Contract Price System Product Basic Repair Advanced Advanced No. 2016 Advanced N	aining Scope (Lub	Use)	
VENT INFORMATION Did anything fall into a patient during a surgical procedure? Was there any patient harm or injury? Event Details (if applicable): ERMS & CONDITIONS Contract Price System Product Basic Repair Adv. do Vinci XI 8 mm Endoscope w/Camera 8.5 mm Endoscope	aining Scope (Lub	Use)	
Did anything fall into a patient during a surgical procedure? Was there any patient harm or injury? Event Details (if applicable): ERMS & CONDITIONS Contract Price System Product Basic Repair Advance A			
System Product Basic Repair Adv do Vinci XI 8 mm Endoscope w/Camera 8.5 mm Endoscope	·lne	***************************************	
da Vinci XI 8 mm Endoscope w/Camera 8.5 mm Endoscope	vanced Repair	Non-Contract Pricing	
8.5 mm Endoscope	***************************************		
	\$9,000	\$25,000	
0 =	\$6,425	\$12,000	
da Vinci Si 8.5 mm Fluorescence \$2,500	\$\$,250	\$15,000	
12 mm Fluorescence	\$5,650	\$12,000	
8.5 mm Endoscape	\$5,925	\$12,000	
da Vinci S / Standard 12 mm Fluorescence	\$4,500	\$10,000	
3D HD	\$3,000	\$9,000	
da Vinci Si Camera 3D HD Fluorescence	\$3,000	\$9,000	
Upon receipt of completed form and a hard copy PO, a replacement endoscope/camera will be shipped comprehensive warranty. Please follow the detailed instructions included with the advanced replacement. Product not received w subject to an involce at the list price. Accessories received with falled endoscope/camera, i.e. sterilization trays, alignment targets, camera call.	Standard Overnigh within 10 days of th	e advanced exchange shipment r	may be
- Macessonies received with remost emposcopy/centered, the scentization trays, engineers cargets, camera ca	ores or other acces	arvines, will be disposed of apoli	reveipu
Print Name Spry a Kygna V Title Dir of Surgical Sephon	THE RESERVE OF THE PERSON NAMED IN	-12/ 1 5 5	

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.

Case 3:18-bk-05675 Claim 10-1

Filed 12/03/18

Desc Main Document

Page 120 of



Invoice Number

901947425 07/13/2018

Invoice Date 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

Sold To

32245

Sales Order No Order Date **Date Shipped**

1001572956 07/13/2018 07/13/2018

Ship Via Incoterms Bill Of Lading 04 FedEx 2Day INTUITIVE WAREHOUSE

781848930073

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	1	0	BOX	400.00	N	400.00
	CANNULA SEAL, 8.5-13MM, BOX	OF 10,CE MARKE					
	Batch No: 1294333						

Currency: USD

400.00 Subtotal Shipping 0.00 9.95 **Handling Charges** 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

Desc Main Document

Generated on: 11-30-2018 10:52

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

1001572956 Confirmation #:

Supplier:

Intuitive Surgical Inc

Delivery Option:

Time PO Received: 07-13-2018 14:19

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

01500

\$400.00

Stand Alone Order

Supplier Update Received

Gilmore Memorial Hospital - Curae Health

1105 Earl Frye Blvd

Amory, MS 38821-5500 USA

Invoiced Amount:

Invoice Number(s):

Line *				from Description.	Qiy			Extenses Page
1	0373762	420206	Accepted	CANNULA CAMERA SEAL 8.5MM-13MM	1	BX	\$400.00	\$400.00



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: Special Handling: FedEx 2Day 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.

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18

Desc Main Document

Page 123 of



Invoice Number Invoice Date

901949101

Credit Terms

07/17/2018 Net 30

Purchase Order

01545

Bill-To 51535

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

Sold To

Sales Order No

Order Date **Date Shipped** Ship Via

Incoterms Bill Of Lading 32245 1001575154

07/17/2018 07/17/2018 **UPS**

INTUITIVE WAREHOUSE

744968992509

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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
20	420290-03	1	0	BOX	1,000.00	N	1,000.00
	KIT DISPOSABLE ACCESSOR	V 3ARM IS3000 5 P					

Batch No: D180807A

Currency: USD

Subtotal Shipping 1,000.00 0.00

Tax Total

0.00 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

Desc Main Document



Invoice Number

901949633 07/17/2018

Invoice Date **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 ACCOUNTS PAYABLE ATTN

Ship To 704193

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

Sold To

32245 Sales Order No **Order Date Date Shipped**

1001575154 07/17/2018 07/17/2018 04 FedEx 2Day

Incoterms Bill Of Lading

Ship Via

INTUITIVE WAREHOUSE 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	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	400180-14	1	0	BOX	200.00	N	200.00
	TIP COVER ACCESSORY, DISI	POSABLE,8MM MCS,B					

Batch No: M10180524

Currency: USD

200.00 Subtotal 0.00 Shipping **Handling Charges** 9.95 0.00 Tax 209.95 Total

Desc Main Document

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

Generated on: 11-30-2018 11:03

GHX - Purchase Order PO#:

PO Amount:

PO Type:

Order Status:

Delivery Date:

Total Lines:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID: GMHMWRIGH

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

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

01545

\$1,200.00

07-17-2018

Stand Alone Order

Supplier Update Received

Invoiced Amount: Invoice Number(s):

and reporting. www.davincisurgerycommunity.com

Purchase Order Details

i zipe (Environment	Supplier Part #s				UOM		
1	238241	400180	Accepted	TIP COVER ACCESSORY HOT SHEAR	1	вх	\$200.00	\$200.00
2	308440	420290	Accepted	KIT 3 ARM ROBOT ACCESORY	1	вх	\$1,000.00	\$1,000.00

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18 Desc Main Document 145



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: Special Handling:

FedEx 2Day 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.

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18

Desc Main Document

Page 127 of



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: Special Handling: FedEx 2Day 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 Number

901959923

Invoice Date Credit Terms 07/26/2018 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

Sold To

32245

Sales Order No

Order Date Date Shipped

Ship Via Incoterms 1001583053 07/26/2018 07/26/2018

04 FedEx 2Day INTUITIVE WAREHOUSE

g 782020857425

Bill Of Lading Carrier Account

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	1	0	BOX	2,160.00	N	2,160.00
	RELOAD, STAPLER 45, 4.3 GREEN, 4	-ROW,12/BOX					
	Batch No: DS3180502						
20	41645B-05	1	0	BOX	2,160.00	Ν	2,160.00
	RELOAD, STAPLER 45, 3.5 BLUE, 6-F	ROW,12/BOX,					
	Batch No: DS7180821						
30	410351-03	1	0	EA	200.00	Ν	200.00
	CANNULA SEAL, ENDOWRIST STAF	PLER,IS3000					
	Batch No: M10180302						
40	410370-03	1	0	EA	200.00	N	200.00
	SHEATH, DISPOSABLE, STAPLER, IS	S3000/IS4000					
	Batch No: M10180503						

 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

Currency: USD

Generated on: 11-30-2018 11:11

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #: 1001583053

Supplier:

Intuitive Surgical Inc 07-26-2018 13:59

Time PO Received: **Delivery Option:**

Supplier: Intuitive Surgical (Intuitive) acknowledges Message:

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:

Invoice Number(s):

01640

\$4,720.00

07-26-2018

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD

AMORY, MS 38821

Invoiced Amount:

Line A				hum Description	Gily	UOM		
								PALO
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



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: Special Handling: FedEx 2Day 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.

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18 Desc Main Document Page 131 of



Invoice Number Invoice Date **Credit Terms**

901961605 07/30/2018 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

Sold To Sales Order No Order Date Date Shipped Ship Via

32245 1001585029 07/30/2018 07/30/2018 UPS

Incoterms Bill Of Lading INTUITIVE WAREHOUSE

744969016347

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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

	22566226 2-256-6149						
Line Item	Part Number/ Part Description	Quantity Shipped	Quantity Open	U/M	Unit Price	Taxable	Net Price
10	420290-03 KIT,DISPOSABLE ACCESSORY Batch No: D181047	1 (,3ARM,IS3000,5 P	0	вох	1,000.00	N	1,000.00

Currency: USD

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

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

Generated on: 11-30-2018 11:17

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer ID:

Buyer Organization: Curae Health - Gilmore Memorial

Confirmation #: Supplier:

1001585029

Time PO Received: **Delivery Option:**

Message:

Intuitive Surgical Inc

07-30-2018 12:03

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

01674

1

\$1,000.00

07-30-2018

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Line #	Boyer Tem i			kem Description	Gry	uom		
1	308440	420290	Accepted	KIT 3 ARM ROBOT ACCESORY	1	вх	\$1,000.00	\$1,000.00



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: Special Handling: FedEx 2Day

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.

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18

Desc Main Document

Page 134 of



Invoice Number **Invoice Date**

901963491 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

Sales Order No Order Date **Date Shipped** Ship Via

Incoterms Bill Of Lading

32245 1001585831 07/31/2018 07/31/2018 04 FedEx 2Day

INTUITIVE WAREHOUSE 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	1	0	BOX	400.00	N	400.00
	CANNULA SEAL, 8.5-13MM, BOX	OF 10,CE MARKE					
	Batch No: 1287845						
20	410322-05	1	0	BOX	3,570.00	N	3,570.00
	ASSEMBLY, VESSEL SEALER, IS:	3000,6-PACK					
	Batch No: M10180409						
	Balcii No. WTO 160409						

Currency: USD

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

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390

Generated on: 11-30-2018 11:17

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #:

1001585831

Supplier: Time PO Received:

Delivery Option:

Message:

Intuitive Surgical Inc

07-31-2018 09:34

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

Ship To Address:

704193

01699

\$3,970.00

07-31-2018

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD

AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Libe #					City	UCM		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	вх	\$3,570.00	\$3,570.00



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



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: Special Handling: FedEx 2Day 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.

Case 3:18-bk-05675 Claim 10-1 Filed 12/03/18 Desc Main Document



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: Special Handling: FedEx 2Day

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 Number Invoice Date

901979221 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

Sold To Sales Order No **Order Date Date Shipped** Ship Via

32245 1001598043 08/15/2018

Incoterms

Bill Of Lading

08/15/2018 04 FedEx 2Day INTUITIVE WAREHOUSE

782321050158 Carrier Account FEDEX FOR 704193-284688694 Ship To 704193

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

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	1	0	BOX	200.00	N	200.00
	TIP COVER ACCESSORY, DIS	POSABLE,8MM MCS,B					

Batch No: M11180613

Currency: USD

Subtotal 200.00 0.00 Shipping **Handling Charges** 9.95 0.00 Tax 209.95 Total

1266 Kifer Road Sunnyvale, CA 94086-5206 USA www.intuitivesurgical.com Phone 408.523.2100 Fax 408.523.1390 Tax ID: 77-0416458

Generated on: 11-30-2018 11:18

GHX - Purchase Order PO #:

PO Amount:

Order Status:

Delivery Date:

Total Lines:

PO Type:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Confirmation #: 1001598043

Supplier: Time PO Received:

08-15-2018 09:07

Delivery Option:

Message:

Intuitive Surgical Inc

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

01877

\$200.00

08-15-2018

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD

AMORY, MS 38821

Invoiced Amount:

Invoice Number(s):

Une #				ilan Description	ОŊ	1)CaM		Extended Price
1	238241	400180	Accepted	TIP COVER ACCESSORY HOT SHEAR	1	BX	\$200.00	\$200.00



Dear Customer:

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

Delivery Information:

Status:

Delivered

Delivery location:

AMORY, MS

Signed for by: Service type:

M.MCNEESE

FedEx 2Day

Special Handling:

Deliver Weekday

Aug 17, 2018 09:51 Delivery date:

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 Number

901981912

Invoice Date

08/17/2018 Net 30

Credit Terms Purchase Order

01911

Bill-To 51535

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

Sold To

32245

Sales Order No Order Date Date Shipped

1001600730 08/17/2018 08/17/2018

Ship Via Incoterms Bill Of Lading

04 FedEx 2Day INTUITIVE WAREHOUSE

782360080206

Carrier Account FEDEX FOR 704193-284688694

Ship To 704193

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

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	420093-12	3	0	EA	2,200.00	N	6,600.00
	ASSEMBLY, PROGRASP FORC	EPS,8MM,IS2000					
	Batch No: N10180424						

Currency: USD

6,600.00 Subtotal Shipping 0.00 Handling Charges 9.95 0.00 Tax 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

Generated on: 11-30-2018 11:18

GHX - Purchase Order PO #:

PO Amount:

PO Type:

Order Status:

Delivery Date:

Total Lines:

Buyer Organization: Curae Health - Gilmore Memorial

Buyer ID:

Supplier:

Message:

GMHMWRIGH

Phone: 6622566218 Fax: 662-256-6149

Confirmation #:

1001600730

Time PO Received:

08-17-2018 13:16

Delivery Option:

Intuitive Surgical Inc

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:

Invoiced Amount:

BTU00000

GILMORE MEMORIAL HOSPITAL

PO BOX 459 AMORY, MS 38821 Ship To Address:

704193

01911

\$6,600.00

Stand Alone Order

Supplier Update Received

GILMORE MEMORIAL REGIONAL - MS

1105 EARL FRYE BLVD

AMORY, MS 38821

Invoice Number(s):

Lma #								
1	173496	420093	Accepted	GRASPER ENDOWRIST PROGRASP	3	EA	\$2,200.00	\$6,600.00



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) Claim No: 10 Status: INTUITIVE SURGICAL INC Original Filed Filed by: CR 1020 KIFER ROAD BLDG 108 Date: 12/03/2018 Entered by: Intakel SUNNYVALE CA 94086 Original Entered Modified:

Date: 12/03/2018

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		