

Fill in this information to identify the case:

Debtor 1 Amory Regional Medical Center, Inc.
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
 Case number: 18-05675

FILED

U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE

1/15/2019

MATTHEW T. LOUGHNEY, Clerk

Official Form 410

Proof of Claim

04/16

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Olympus Corporation of the Americas</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Olympus Corporation of the Americas</u> Name 3500 Corporate Parkway (attn Joe McNamara) Center Valley, PA 18034 Contact phone <u>1 484 896 5371</u> Contact email <u>joseph.mcnamara@olympus.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor?	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">0653</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>66768.87</u></div><div style="width: 55%;">Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;"><u>Goods sold</u></p>
9. Is all or part of the claim secured?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div><div style="width: 80%;">Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div></div> <p style="margin-top: 10px;">Basis for perfection: _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)</p> <div style="margin-top: 10px;">Value of property: \$ _____</div> <div style="margin-top: 10px;">Amount of the claim that is secured: \$ _____</div> <div style="margin-top: 10px;">Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div> <div style="margin-top: 20px;">Amount necessary to cure any default as of the date of the petition: \$ _____</div> <div style="margin-top: 10px;">Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div>
10. Is this claim based on a lease?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition.</div><div style="width: 100px; border-bottom: 1px solid black; text-align: right;"></div></div>
11. Is this claim subject to a right of setoff?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property:</div><div style="width: 300px; border-bottom: 1px solid black; text-align: right;"></div></div>

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

Part 3: Sign Below

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

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

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

Check the appropriate box:

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

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

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

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

Executed on date 1/15/2019
MM / DD / YYYY

/s/ Joseph McNamara
Signature

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

Name	<u>Joseph McNamara</u>		
	First name	Middle name	Last name
Title	<u>Sr. Manager, Credit Risk</u>		
Company	<u>Olympus Corporation of the Americas</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>3500 Corporate Parkway</u>		
	Number Street		
	<u>Center Valley, PA 18034</u>		
	City	State	ZIP Code
Contact phone	<u>1 484 896 5371</u>	Email	<u>joseph.mcnamara@olympus.com</u>

Open Invoices

Customer: 2002 - 2002 - 20040653 - AMORY REGIONAL MEDICAL CENTER INC \$66,768.8

Exported: 1/14/2019 5:04 PM

Invoice #	Line	Assignment	SAP Doc #	Purchase Order	Invoice Date	DBT	Invoice Amount (Trading)	Invoice Reason	BSEG-BELN	Proof of Delivery
95443297	001	754-669192	SO 7450410	754-6691921	3/16/2018	274	429.60	INV1	0095443297	0082872089
95447542	001		SV500028491		3/17/2018	273	2,911.18	INV1	0095447542	0070603961
95499127	001	00136	SO 7475048	00136	3/28/2018	262	1,279.70	INV1	0095499127	0082902095
95506330	001	00136	SO 7475048	00136	3/29/2018	261	1,021.44	INV1	0095506330	0082902209
95506331	001	00194	SO 7476046	00194	3/29/2018	261	2,694.25	INV1	0095506331	0082903306
95547056	001	00368	SO 7491821	00368	4/06/2018	253	243.00	INV1	0095547056	0082923665
95560472	001	00319	SO 7498680	00319	4/10/2018	249	292.66	INV1	0095560472	0082931834
95560473	001	00399	SO 7498683	00399	4/10/2018	249	1,450.00	INV1	0095560473	0082931835
95566728	001	00319	SO 7498680	00319	4/11/2018	248	429.60	INV1	0095566728	0082931896
95566729	001	00422	SO 7501900	00422	4/11/2018	248	240.00	INV1	0095566729	0082935435
95579436	001	00445	SO 7504191	00445	4/13/2018	246	1,022.75	INV1	0095579436	0082938321
95590693	001		SV500028491		4/17/2018	242	2,911.18	INV1	0095590693	0070603961
95593146	001	00472	SO 7510162	00472	4/17/2018	242	912.70	INV1	0095593146	0082945543
95606246	001	00524	SO 7515831	00524	4/19/2018	240	2,255.39	INV1	0095606246	0082953078
95627112	001	00320	SO 7521240	00320	4/24/2018	235	1,610.25	INV1	0095627112	0082961146
95627113	001	00572	SO 7523940	00572	4/24/2018	235	1,022.75	INV1	0095627113	0082962706
95633688	001	00611	SO 7529451	00611	4/25/2018	234	965.00	INV1	0095633688	0082969301
95640465	001	00600	SO 7527918	00600	4/26/2018	233	164.75	INV1	0095640465	0082967790
95647304	001	00627	SO 7532635	00627	4/27/2018	232	531.84	INV1	0095647304	0082973467
95656625	001	00652	SO 7537582	00652	4/30/2018	229	429.60	INV1	0095656625	0082979535
95664733	001	00663	SO 7539939	00663	5/01/2018	228	240.00	INV1	0095664733	0082982882
95670691	001	00663	SO 7539939	00663	5/02/2018	227	2,694.25	INV1	0095670691	0082982949
95676618	001	00694	SO 7545611	00694	5/03/2018	226	162.00	INV1	0095676618	0082989746
95696770	001	00725	SO 7550997	00725	5/08/2018	221	3,309.60	INV1	0095696770	0082997390
95703774	001	00743	SO 7553688	00743	5/09/2018	220	729.60	INV1	0095703774	0083000673
95710632	001	00751	SO 7556150	00751	5/10/2018	219	429.60	INV1	0095710632	0083003215
95738375	001	00320		00320	5/16/2018	243	-1,596.50	INV1	0095738375	0084298938
95742821	001		SV500028491		5/17/2018	212	2,911.18	INV1	0095742821	0070603961
95745480	001	00838	SO 7569932	00838	5/17/2018	212	402.00	INV1	0095745480	0083020744
95752515	001	00853	SO 7573129	00853	5/18/2018	211	3,123.85	INV1	0095752515	0083024682
95772886	001	00902	SO 7581466	00902	5/23/2018	206	1,141.23	INV1	0095772886	0083035082
95836125	001	01047	SO 7606484	01047	6/06/2018	192	162.00	INV1	0095836125	0083066899
95849042	001	01085	SO 7611593	01085	6/08/2018	190	240.00	INV1	0095849042	0083073165
95856155	001	01094	SO 7613472	01094	6/11/2018	187	894.35	INV1	0095856155	0083075460
95868038	001	01114	SO 7620217	01114	6/13/2018	185	357.23	INV1	0095868038	0083083303
95881926	001	01129	SO 7626927	01129	6/15/2018	183	471.75	INV1	0095881926	0083091067
95887466	001		SV500028491		6/17/2018	181	2,911.18	INV1	0095887466	0070603961
95889861	001	01134	SO 7629472	01134	6/18/2018	180	1,915.70	INV1	0095889861	0083094622
95902368	001	00976	SO 7633118	00976	6/20/2018	178	2,937.25	INV1	0095902368	0083099022
95902369	001	01192	SO 7633264	01192	6/20/2018	178	2,838.54	INV1	0095902369	0083099574
95915867	001	01241	SO 7638557	01241	6/22/2018	176	162.00	INV1	0095915867	0083106302
95935109	001	01310	SO 7647212	01310	6/27/2018	171	380.00	INV1	0095935109	0083116497
95942197	001	01310	SO 7647212	01310	6/28/2018	170	146.06	INV1	0095942197	0083120006
95942198	001	01323	SO 7649252	01323	6/28/2018	170	2,694.25	INV1	0095942198	0083120007
95949769	001	01345	SO 7652839	01345	6/29/2018	169	240.00	INV1	0095949769	0083123664
95959043	001	01362	SO 7655416	01362	7/02/2018	166	190.00	INV1	0095959043	0083126607
95959044	001	01353	SO 7654609	01353	7/02/2018	166	5,563.14	INV1	0095959044	0083127449
95982186	001	00853		00853	7/09/2018	189	-540.50	INV1	0095982186	0084319155
96009743	001	01491	SO 7676338	01491	7/13/2018	155	453.84	INV1	0096009743	0083152838
96017556	001	01502	SO 7678896	01502	7/16/2018	152	1,792.60	INV1	0096017556	0083156141
96017557	001	01517	SO 7680236	01517	7/16/2018	152	158.99	INV1	0096017557	0083157580
96020887	001		SV500028491		7/17/2018	151	2,911.18	INV1	0096020887	0070603961
96036986	001	01559	SO 7686478	01559	7/19/2018	149	2,875.55	INV1	0096036986	0083165765
96044375	001	01569	SO 7687896	01569	7/20/2018	148	409.31	INV1	0096044375	0083167567
96079986	001	01643	SO 7702310	01643	7/27/2018	141	240.00	INV1	0096079986	0083186337

66,768.87

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95443297**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 103371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 03/16/2018 (04/15/2018)
Delivery No. 82872089
Ref Sales Order No. 7450410 (03/15/2018)
Customer PO No. 754-6691921
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By EDI EDI

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
2	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	429.60	429.60

Freight	:	0.00
Net Value	:	429.60
Total Before Tax	:	429.60
Tax	:	0.00
Total Amount (USD)	:	429.60

Notes

Tracking #: 433158858042 - Fedex 2nd Day

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

Mail Remittance To:
Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Invoice 95447542

Mail All Correspondence To:

3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep Shallon Hand
Phone 103371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Payer 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date 03/17/2018
Currency USD
Terms of Payment Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT		
Service Contract : 0500028491		
Customer: AMORY REGIONAL MEDICAL CENTER INC (0020040653)		
Contract Term : 07/17/2017 - 07/16/2020		
Coverage Term : 03/17/2018 - 04/16/2018		2,911.18
	Sub Total	2,911.18
	Sales Tax	0.00
	Total Amount	2,911.18
	Total Tax	0.00
	Total Due	2,911.18

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95499127**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 03/28/2018 (04/27/2018)
Delivery No. 82902095
Ref Sales Order No. 7475048 (03/28/2018)
Customer PO No. 00136
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	BW-412T N3640820 BW-412T DISP COMBO CLEANING BRUSH Serial No. ()	NEW	4	95.00	380.00
31	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW	5	81.00	405.00
51	FG-401Q 5841030 FG-401Q FLOWEBASKET DISP. RETR.BASKET Serial No. ()	NEW	2	164.90	329.80
52	FG-401Q 5841030 FG-401Q FLOWEBASKET DISP. RETR.BASKET Serial No. ()	NEW	1	164.90	164.90

THANK YOU FOR YOUR ORDER

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95499127**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Information

Invoice Date (Due Date)	03/28/2018 (04/27/2018)
Delivery No.	82902095
Ref Sales Order No.	7475048 (03/28/2018)
Customer PO No.	00136
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	MALLORY WRIGHT

Attn:

Freight	:	0.00
Net Value	:	1,279.70
Total Before Tax	:	1,279.70
Tax	:	0.00
Total Amount (USD)	:	1,279.70

Notes

Tracking #: 435746921190 - Fedex Next Day AM, 435746921205 - Fedex Next Day AM

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95506330**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 03/29/2018 (04/28/2018)
Delivery No. 82902209
Ref Sales Order No. 7475048 (03/28/2018)
Customer PO No. 00136
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. ()	NEW	5	145.92	729.60
41	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. ()	NEW	2	145.92	291.84
THANK YOU FOR YOUR ORDER					
Freight				:	0.00
Net Value				:	1,021.44
Total Before Tax				:	1,021.44
Tax				:	0.00
Total Amount (USD)				:	1,021.44

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95506330**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Information

Invoice Date (Due Date)	03/29/2018 (04/28/2018)
Delivery No.	82902209
Ref Sales Order No.	7475048 (03/28/2018)
Customer PO No.	00136
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	MALLORY WRIGHT

Attn:

Notes

Tracking #: 435746927626 - Fedex 2nd Day, 435746927637 - Fedex 2nd Day, 435746927648 - Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95506331**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 03/29/2018 (04/28/2018)
Delivery No. 82903306
Ref Sales Order No. 7476046 (03/28/2018)
Customer PO No. 00194
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	2,675.00	2,675.00

Freight	:	19.25
Net Value	:	2,675.00
Total Before Tax	:	2,694.25
Tax	:	0.00
Total Amount (USD)	:	2,694.25

Notes

Tracking #: 435746933919 - Fedex 2nd Day

Page 1 of 1

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Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95547056

Mail Remittance To:

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 04/06/2018 (05/06/2018)
Delivery No. 82923665
Ref Sales Order No. (Date) 7491821 (04/06/2018)
Customer PO No. 00368
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW	3	81.00	243.00

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	243.00
Total Before Tax	:	243.00
Tax	:	0.00
Total Amount (USD)	:	243.00

Notes

Please change our vendor address to: Olympus/ 3500 Corporate Parkway/ Center Valley PA 18034
Tracking #: 435747051438 - Fedex Next Day AM

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95560472**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 04/10/2018 (05/10/2018)
Delivery No. 82931834
Ref Sales Order No. 7498680 (04/10/2018)
Customer PO No. 00319
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21	PBD-230-0704 N1075530 PBD-230-0704 PANCREATIC STENT 40MM LENGT Serial No. ()	NEW	2	40.18	80.36
31	BC-V600P-3010 N3625830 BC-V600P-3010 BRUSHMASTER V CYTOLOGY BRU Serial No. ()	NEW	1	95.00	95.00
41	MAJ-1820 N4535730 MAJ-1820 MAJ-1820 10FR. STENT INTRODUCER Serial No. ()	NEW	2	58.65	117.30

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	292.66
Total Before Tax	:	292.66
Tax	:	0.00
Total Amount (USD)	:	292.66

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95560472**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/10/2018 (05/10/2018)
Delivery No.	82931834
Ref Sales Order No.	7498680 (04/10/2018)
Customer PO No.	00319
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Notes

Tracking #: 435747093548 - Fedex Next Day AM

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95560473**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Information

Invoice Date (Due Date)	04/10/2018 (05/10/2018)
Delivery No.	82931835
Ref Sales Order No.	7498683 (04/10/2018)
Customer PO No.	00399
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	HX-202UR.B N5424530 HX-202UR.B QUICKCLIP PRO 230CM 5/BX (EN) Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	725.00	1,450.00

Freight	:	0.00
Net Value	:	1,450.00
Total Before Tax	:	1,450.00
Tax	:	0.00
Total Amount (USD)	:	1,450.00

Notes**Tracking #: 435747094408 - Fedex Next Day AM**

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95566728**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 04/11/2018 (05/11/2018)
Delivery No. 82931896
Ref Sales Order No. 7498680 (04/10/2018)
Customer PO No. 00319
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	429.60	429.60
Freight					0.00
Net Value					429.60
Total Before Tax					429.60
Tax					0.00
Total Amount (USD)					429.60

Notes

Tracking #: 435747097705 - Fedex 2nd Day

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95566729**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 04/11/2018 (05/11/2018)
Delivery No. 82935435
Ref Sales Order No. 7501900 (04/11/2018)
Customer PO No. 00422
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	FB-220U.A N5355430 FB-220U.A (EN) VN Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	120.00	240.00
Freight					0.00
Net Value					240.00
Total Before Tax					240.00
Tax					0.00
Total Amount (USD)					240.00

Notes

Please change our vendor address to: Olympus/ 3500 Corporate Parkway/ Center Valley PA 18034
Tracking #: 435747112764 - Fedex Next Day AM

Page 1 of 1

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95579436**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 04/13/2018 (05/13/2018)
Delivery No. 82938321
Ref Sales Order No. 7504191 (04/12/2018)
Customer PO No. 00445
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	70241060 70241060 70241060 COLLAR BUTTON VENT TUBE 60/PK Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	1,020.00	1,020.00
Freight					2.75
Net Value					1,020.00
Total Before Tax					1,022.75
Tax					0.00
Total Amount (USD)					1,022.75
Notes					
PLEASE NOTE AND ADJUST PRICING ACCORDING TO THE PRICING SHOWN BELOW					
Tracking #: 438157837083 - Fedex 2nd Day					

Page 1 of 1

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OLYMPUS

Mail Remittance To:
Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Invoice 95590693**Mail All Correspondence To:**

3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Payer 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date 04/17/2018
Currency USD
Terms of Payment Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500028491 Customer: AMORY REGIONAL MEDICAL CENTER INC (0020040653) Contract Term : 07/17/2017 - 07/16/2020 Coverage Term : 04/17/2018 - 05/16/2018		
		2,911.18
	Sub Total	2,911.18
	Sales Tax	0.00
	Total Amount	2,911.18
	Total Tax	0.00
	Total Due	2,911.18

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95593146**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/17/2018 (05/17/2018)
Delivery No.	82945543
Ref Sales Order No.	7510162 (04/16/2018)
Customer PO No.	00472
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. ()	NEW	6	125.16	750.96
20	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. ()	NEW	6	26.04	156.24

THANK YOU FOR YOUR ORDER

Freight	:	5.50
Net Value	:	907.20
Total Before Tax	:	912.70
Tax	:	0.00
Total Amount (USD)	:	912.70

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95593146**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/17/2018 (05/17/2018)
Delivery No.	82945543
Ref Sales Order No.	7510162 (04/16/2018)
Customer PO No.	00472
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

*** Adjust your price according to the GPO contract pricing shown below for both items. *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

Tracking #: 438157869593 - Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95606246**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 04/19/2018 (05/19/2018)
Delivery No. 82953078
Ref Sales Order No. 7515831 (04/18/2018)
Customer PO No. 00524
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	784415 784415 784415 FRONT LOADING SUPER-LOOP 5EA Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	2,255.39	2,255.39
Freight					0.00
Net Value					2,255.39
Total Before Tax					2,255.39
Tax					0.00
Total Amount (USD)					2,255.39
Notes					
Please note that your price for item [784415] is [\$2255.39]. Please adjust your records accordingly.					
Tracking #: 438157910929 - Fedex 2nd Day					

Page 1 of 1

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95627112**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/24/2018 (05/24/2018)
Delivery No.	82961146
Ref Sales Order No.	7521240 (04/20/2018)
Customer PO No.	00320
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21	942005PK 942005PK 942005PK PK DISSECTOR 5MM 33CM 5/bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	1,596.50	1,596.50

Freight	:	13.75
Net Value	:	1,596.50
Total Before Tax	:	1,610.25
Tax	:	0.00
Total Amount (USD)	:	1,610.25

Notes**Tracking #: 438157960956 - Fedex 2nd Day**

Page 1 of 1

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95627113**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/24/2018 (05/24/2018)
Delivery No.	82962706
Ref Sales Order No.	7523940 (04/23/2018)
Customer PO No.	00572
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	70241060 70241060 70241060 COLLAR BUTTON VENT TUBE 60/PK Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	1,020.00	1,020.00

Freight	:	2.75
Net Value	:	1,020.00
Total Before Tax	:	1,022.75
Tax	:	0.00
Total Amount (USD)	:	1,022.75

Notes

Tracking #: 438157964712 - Fedex 2nd Day

Page 1 of 1

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95633688**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/25/2018 (05/25/2018)
Delivery No.	82969301
Ref Sales Order No.	7529451 (04/25/2018)
Customer PO No.	00611
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	NM-400U-0423 N5416830 INJECTORFORCEMAX LOWER 23G 4MM 5/BX Serial No. ()	NEW	2	120.00	240.00
21	HX-202UR.B N5424530 HX-202UR.B QUICKCLIP PRO 230CM 5/BX (EN) Serial No. ()	NEW	1	725.00	725.00

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	965.00
Total Before Tax	:	965.00
Tax	:	0.00
Total Amount (USD)	:	965.00

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95633688**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/25/2018 (05/25/2018)
Delivery No.	82969301
Ref Sales Order No.	7529451 (04/25/2018)
Customer PO No.	00611
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

Tracking #: 438157993123 - Fedex Next Day AM

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95640465**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/26/2018 (05/26/2018)
Delivery No.	82967790
Ref Sales Order No.	7527918 (04/25/2018)
Customer PO No.	00600
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ACECIDE-C TEST U3018142 ACECIDE-C TEST: TEST STRIPS 100/btl Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	81.00	162.00
Freight					2.75
Net Value					162.00
Total Before Tax					164.75
Tax					0.00
Total Amount (USD)					164.75
Notes					
*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.					
Tracking #: 438157997015 - Fedex 2nd Day					

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95647304**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/27/2018 (05/27/2018)
Delivery No.	82973467
Ref Sales Order No.	7532635 (04/26/2018)
Customer PO No.	00627
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21	NM-400U-0423 N5416830 INJECTORFORCEMAX LOWER 23G 4MM 5/BX Serial No. ()	NEW	2	120.00	240.00
23	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. ()	NEW	2	145.92	291.84

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	531.84
Total Before Tax	:	531.84
Tax	:	0.00
Total Amount (USD)	:	531.84

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95647304**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	04/27/2018 (05/27/2018)
Delivery No.	82973467
Ref Sales Order No.	7532635 (04/26/2018)
Customer PO No.	00627
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

Tracking #: 438158017800 - Fedex Next Day AM, 438158019067 - Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95656625**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 04/30/2018 (05/30/2018)
Delivery No. 82979535
Ref Sales Order No. 7537582 (04/30/2018)
Customer PO No. 00652
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	429.60	429.60

Freight	:	0.00
Net Value	:	429.60
Total Before Tax	:	429.60
Tax	:	0.00
Total Amount (USD)	:	429.60

Notes

*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

Tracking #: 438158053875 - Fedex 2nd Day

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95664733**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	05/01/2018 (05/31/2018)
Delivery No.	82982882
Ref Sales Order No.	7539939 (05/01/2018)
Customer PO No.	00663
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	FB-220U.A N5355430 FB-220U.A (EN) VN Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	120.00	240.00

Freight	:	0.00
Net Value	:	240.00
Total Before Tax	:	240.00
Tax	:	0.00
Total Amount (USD)	:	240.00

Notes**Tracking #: 438158069576 - Fedex Next Day AM**

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95670691**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To **20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 05/02/2018 (06/01/2018)
Delivery No. 82982949
Ref Sales Order No. 7539939 (05/01/2018)
Customer PO No. 00663
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	2,675.00	2,675.00

Freight	:	19.25
Net Value	:	2,675.00
Total Before Tax	:	2,694.25
Tax	:	0.00
Total Amount (USD)	:	2,694.25

Notes

Tracking #: 438158072745 - Fedex 2nd Day

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95676618**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 05/03/2018 (06/02/2018)
Delivery No. 82989746
Ref Sales Order No. 7545611 (05/03/2018)
Customer PO No. 00694
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	81.00	162.00
Freight					0.00
Net Value					162.00
Total Before Tax					162.00
Tax					0.00
Total Amount (USD)					162.00

Notes**Tracking #: 440758585425 - Fedex Next Day AM**

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95696770**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	05/08/2018 (06/07/2018)
Delivery No.	82997390
Ref Sales Order No.	7550997 (05/07/2018)
Customer PO No.	00725
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21	ACECIDE-C U3018134 ACECIDE-C PERACETIC ACID 6 SETS/CASE Serial No. ()	NEW	3	891.00	2,673.00
31	ENDOQUICK U2908143 ENDOQUICK DETERGENT 3 BTLS/Case - 2L ea Serial No. ()	NEW	3	92.70	278.10
33	BW-412T N3640820 BW-412T DISP COMBO CLEANING BRUSH Serial No. ()	NEW	3	95.00	285.00

THANK YOU FOR YOUR ORDER

Freight	:	73.50
Net Value	:	3,236.10
Total Before Tax	:	3,309.60
Tax	:	0.00
Total Amount (USD)	:	3,309.60

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95696770**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	05/08/2018 (06/07/2018)
Delivery No.	82997390
Ref Sales Order No.	7550997 (05/07/2018)
Customer PO No.	00725
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

Tracking #: 437548174310-FED EX, 437548174321-FED EX, 437548174332-FED EX, 437548174343-FED EX, 437548174354-FED EX, 437548174365-FED EX, 440758631586 - Fedex Next Day AM

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95703774**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 05/09/2018 (06/08/2018)
Delivery No. 83000673
Ref Sales Order No. 7553688 (05/08/2018)
Customer PO No. 00743
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. () THANK YOU FOR YOUR ORDER	NEW	5	145.92	729.60

Freight	:	0.00
Net Value	:	729.60
Total Before Tax	:	729.60
Tax	:	0.00
Total Amount (USD)	:	729.60

Notes

*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

Tracking #: 440758648629 - Fedex 2nd Day, 440758648630 - Fedex 2nd Day

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95710632**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 05/10/2018 (06/09/2018)
Delivery No. 83003215
Ref Sales Order No. 7556150 (05/09/2018)
Customer PO No. 00751
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	429.60	429.60
Freight					0.00
Net Value					429.60
Total Before Tax					429.60
Tax					0.00
Total Amount (USD)					429.60
Notes					
Tracking #: 440758663743 - Fedex 2nd Day					

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Credit Memo 95738375**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Credit Memo Date 05/16/2018
Credit Memo Req./RMA No. 7549897
Original Sales # 7521240
Customer PO No. 00320
Payer # 20040653
Currency USD
Requested By MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
20	942005PK 942005PK 942005PK PK DISSECTOR 5MM 33CM 5/bx	NEW	1	1,596.50	1,596.50

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	1,596.50
Total Before Tax	:	1,596.50
Tax	:	0.00
Total Credit Amount (USD)	:	1,596.50

Notes

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail Remittance To:
Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Invoice 95742821**Mail All Correspondence To:**

3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Bill-To**20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep

Shallon Hand

Phone

484-896-3371

Fax

484-896-7822

Email

SHALLON.HAND@OLYMPUS.COM

Payer**20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date** 05/17/2018**Currency** USD**Terms of Payment** Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500028491 Customer: AMORY REGIONAL MEDICAL CENTER INC (0020040653) Contract Term : 07/17/2017 - 07/16/2020 Coverage Term : 05/17/2018 - 06/16/2018		
		2,911.18
	Sub Total	2,911.18
	Sales Tax	0.00
	Total Amount	2,911.18
	Total Tax	0.00
	Total Due	2,911.18

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95745480**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To 20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 05/17/2018 (06/16/2018)**Delivery No.** 83020744**Ref Sales Order No. (Date)** 7569932 (05/16/2018)**Customer PO No.** 00838**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	FB-220U.A N5355430 FB-220U.A (EN) VN Serial No. ()	NEW	2	120.00	240.00
21	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW	2	81.00	162.00
THANK YOU FOR YOUR ORDER					
Freight					0.00
Net Value					402.00
Total Before Tax					402.00
Tax					0.00
Total Amount (USD)					402.00

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95745480**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To** 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 05/17/2018 (06/16/2018)**Delivery No.** 83020744**Ref Sales Order No. (Date)** 7569932 (05/16/2018)**Customer PO No.** 00838**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** PURCHASING

Attn:

Notes

Tracking #: 440758755461 - Fedex Next Day AM, 440758757144 - Fedex Next Day AM

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95752515**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To 20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 05/18/2018 (06/17/2018)**Delivery No.** 83024682**Ref Sales Order No. (Date)** 7573129 (05/17/2018)**Customer PO No.** 00853**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. ()	NEW	1	2,675.00	2,675.00
21	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. ()	NEW	1	429.60	429.60

THANK YOU FOR YOUR ORDER

Freight : 19.25

Net Value : 3,104.60

Total Before Tax : 3,123.85

Tax : 0.00

Total Amount (USD) : 3,123.85



Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95752515

Mail Remittance To:

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	05/18/2018 (06/17/2018)
Delivery No.	83024682
Ref Sales Order No. (Date)	7573129 (05/17/2018)
Customer PO No.	00853
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Notes

Tracking #: 440758776275 - Fedex 2nd Day, 440758776286 - Fedex 2nd Day

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95772886**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 05/23/2018 (06/22/2018)
Delivery No. 83035082
Ref Sales Order No. 7581466 (05/22/2018)
Customer PO No. 00902
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	BW-412T N3640820 BW-412T DISP COMBO CLEANING BRUSH Serial No. ()	NEW	2	95.00	190.00
41	KD-V611M-07201S N4506930 KD-V611M-07201S KD TOMES PRELOADED WITH Serial No. ()	NEW	2	297.00	594.00
42	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. ()	NEW	2	125.16	250.32
43	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. ()	NEW	4	26.04	104.16

THANK YOU FOR YOUR ORDER

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95772886**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	05/23/2018 (06/22/2018)
Delivery No.	83035082
Ref Sales Order No.	7581466 (05/22/2018)
Customer PO No.	00902
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Freight	:	2.75
Net Value	:	1,138.48
Total Before Tax	:	1,141.23
Tax	:	0.00
Total Amount (USD)	:	1,141.23

Notes

Please note that the correct address for Olympus is: 3500 Corporate Parkway, Center Valley, PA 18034.
Tracking #: 443756547225 - Fedex Next Day AM, 443756547589 - Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95836125**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/06/2018 (07/06/2018)
Delivery No.	83066899
Ref Sales Order No.	7606484 (06/05/2018)
Customer PO No.	01047
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	81.00	162.00

Freight	:	0.00
Net Value	:	162.00
Total Before Tax	:	162.00
Tax	:	0.00
Total Amount (USD)	:	162.00

Notes

*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

Tracking #: 443756709951 - Fedex Next Day AM

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95849042**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 06/08/2018 (07/08/2018)
Delivery No. 83073165
Ref Sales Order No. 7611593 (06/07/2018)
Customer PO No. 01085
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By HOSPITAL PURCHASING

Sold-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	FB-220U.A N5355430 FB-220U.A (EN) VN Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	120.00	240.00
Freight					0.00
Net Value					240.00
Total Before Tax					240.00
Tax					0.00
Total Amount (USD)					240.00
Notes					
*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.					
Tracking #: 443756743604 - Fedex Next Day AM					

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95856155**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/11/2018 (07/11/2018)
Delivery No.	83075460
Ref Sales Order No.	7613472 (06/08/2018)
Customer PO No.	01094
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ACECIDE-C TEST U3018142 ACECIDE-C TEST: TEST STRIPS 100/btl Serial No. ()	NEW	2	81.00	162.00
21	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. ()	NEW	5	145.92	729.60

THANK YOU FOR YOUR ORDER

Freight	:	2.75
Net Value	:	891.60
Total Before Tax	:	894.35
Tax	:	0.00
Total Amount (USD)	:	894.35

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95856155**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/11/2018 (07/11/2018)
Delivery No.	83075460
Ref Sales Order No.	7613472 (06/08/2018)
Customer PO No.	01094
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Notes

*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

Tracking #: 443756756740 - Fedex 2nd Day, 443756756751 - Fedex 2nd Day

Page 2 of 2

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95868038**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 06/13/2018 (07/13/2018)
Delivery No. 83083303
Ref Sales Order No. 7620217 (06/13/2018)
Customer PO No. 01114
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By DEBBY CAMPBELL

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. ()	NEW	2	125.16	250.32
20	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. () THANK YOU FOR YOUR ORDER	NEW	4	26.04	104.16
Freight					2.75
Net Value					354.48
Total Before Tax					357.23
Tax					0.00
Total Amount (USD)					357.23

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95868038**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/13/2018 (07/13/2018)
Delivery No.	83083303
Ref Sales Order No.	7620217 (06/13/2018)
Customer PO No.	01114
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	DEBBY CAMPBELL

Attn:

Notes

From Thursday, July 5th to Friday, July 6th, Olympus will be implementing a new Warehouse Management System in our distribution centers. This new system is intended to enhance business processes, and ultimately allow us to best meet your needs. As a result, Olympus will not be shipping medical or surgical products from July 5-6th, with the exception of the chemicals used in our OER-Pro Reprocessor. We apologize for any inconvenience this may cause you or your organization.

Tracking #: 447095823220 - Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95881926**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To 20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 06/15/2018 (07/15/2018)**Delivery No.** 83091067**Ref Sales Order No. (Date)** 7626927 (06/15/2018)**Customer PO No.** 01129**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	003276 003276 003276 UTERINE MANIP/INJECT. 4.5MM 12/bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	463.50	463.50
Freight					8.25
Net Value					463.50
Total Before Tax					471.75
Tax					0.00
Total Amount (USD)					471.75

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95881926**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To 20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 06/15/2018 (07/15/2018)**Delivery No.** 83091067**Ref Sales Order No. (Date)** 7626927 (06/15/2018)**Customer PO No.** 01129**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** PURCHASING

Attn:

Notes

Please change our vendor address to: Olympus/ 3500 Corporate Parkway/ Center Valley PA 18034
From Thursday, July 5th # Friday, July 6th, Olympus will be implementing a new Warehouse Management System in our distribution centers. This new system is intended to enhance business processes, and ultimately allow us to best meet your needs. As a result, Olympus will not be shipping medical or surgical products from July 5-6th, with the exception of the chemicals used in our OER-Pro Reprocessor. We apologize for any inconvenience this may cause you or your organization.

PLEASE NOTE CORRECT PRICE

Tracking #: 447095871519 - Fedex 2nd Day

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

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OLYMPUS

Mail Remittance To:
Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Invoice 95887466**Mail All Correspondence To:**

3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Bill-To **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Payer **20040653**
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date 06/17/2018

Currency USD

Terms of Payment Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500028491 Customer: AMORY REGIONAL MEDICAL CENTER INC (0020040653) Contract Term : 07/17/2017 - 07/16/2020 Coverage Term : 06/17/2018 - 07/16/2018		
		2,911.18
	Sub Total	2,911.18
	Sales Tax	0.00
	Total Amount	2,911.18
	Total Tax	0.00
	Total Due	2,911.18

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95889861**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/18/2018 (07/18/2018)
Delivery No.	83094622
Ref Sales Order No.	7629472 (06/18/2018)
Customer PO No.	01134
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ACECIDE-C U3018134 ACECIDE-C PERACETIC ACID 6 SETS/CASE Serial No. ()	NEW	2	891.00	1,782.00
21	ENDOQUICK U2908143 ENDOQUICK DETERGENT 3 BTLS/Case - 2L ea Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	92.70	92.70
Freight					41.00
Net Value					1,874.70
Total Before Tax					1,915.70
Tax					0.00
Total Amount (USD)					1,915.70

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95889861**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/18/2018 (07/18/2018)
Delivery No.	83094622
Ref Sales Order No.	7629472 (06/18/2018)
Customer PO No.	01134
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	MALLORY WRIGHT

Attn:

Notes

From Thursday, July 5th - Friday, July 6th, Olympus will be implementing a new Warehouse Management System in our distribution centers. This new system is intended to enhance business processes, and ultimately allow us to best meet your needs. As a result, Olympus will not be shipping medical or surgical products from July 5-6th, with the exception of the chemicals used in our OER-Pro Reprocessor. We apologize for any inconvenience this may cause you or your organization. *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Pky, Center Valley PA 18034.

Tracking #: 444728099898-FEDEX, 444728099902-FEDEX, 444728099913-FEDEX

Page 2 of 2

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95902368**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 06/20/2018 (07/20/2018)
Delivery No. 83099022
Ref Sales Order No. 7633118 (06/19/2018)
Customer PO No. 00976
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ACECIDE-C TEST U3018142 ACECIDE-C TEST: TEST STRIPS 100/btl Serial No. ()	NEW	3	81.00	243.00
21	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. ()	NEW	1	2,675.00	2,675.00

THANK YOU FOR YOUR ORDER

Freight	:	19.25
Net Value	:	2,918.00
Total Before Tax	:	2,937.25
Tax	:	0.00
Total Amount (USD)	:	2,937.25

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95902368**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/20/2018 (07/20/2018)
Delivery No.	83099022
Ref Sales Order No.	7633118 (06/19/2018)
Customer PO No.	00976
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

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Tracking #: 447095909240 - Fedex 2nd Day, 447095909251 - Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95902369**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/20/2018 (07/20/2018)
Delivery No.	83099574
Ref Sales Order No.	7633264 (06/19/2018)
Customer PO No.	01192
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ACECIDE-C U3018134 ACECIDE-C PERACETIC ACID 6 SETS/CASE Serial No. ()	NEW	2	891.00	1,782.00
41	ENDOQUICK U2908143 ENDOQUICK DETERGENT 3 BTLS/Case - 2L ea Serial No. ()	NEW	3	92.70	278.10
43	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. ()	NEW	1	429.60	429.60
45	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. ()	NEW	2	145.92	291.84
THANK YOU FOR YOUR ORDER					

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95902369**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/20/2018 (07/20/2018)
Delivery No.	83099574
Ref Sales Order No.	7633264 (06/19/2018)
Customer PO No.	01192
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Freight	:	57.00
Net Value	:	2,781.54
Total Before Tax	:	2,838.54
Tax	:	0.00
Total Amount (USD)	:	2,838.54

Notes

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Tracking #: 444728103770-FEDEX, 444728103780-FEDEX, 444728103791-FEDEX, 444728103806-FEDEX, 444728103817-FEDEX, 447095913346 - Fedex 2nd Day

Page 2 of 2

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95915867**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653
AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 06/22/2018 (07/22/2018)
Delivery No. 83106302
Ref Sales Order No. (Date) 7638557 (06/21/2018)
Customer PO No. 01241
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	81.00	162.00
Freight					0.00
Net Value					162.00
Total Before Tax					162.00
Tax					0.00
Total Amount (USD)					162.00

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95915867**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To 20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 06/22/2018 (07/22/2018)**Delivery No.** 83106302**Ref Sales Order No. (Date)** 7638557 (06/21/2018)**Customer PO No.** 01241**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** MALLORY WRIGHT**Attn:****Notes**

From Thursday, July 5th to Friday, July 6th, Olympus will be implementing a new Warehouse Management System in our distribution centers. This new system is intended to enhance business processes, and ultimately allow us to best meet your needs. As a result, Olympus will not be shipping medical or surgical products from July 5-6th, with the exception of the chemicals used in our OER-Pro Reprocessor. We apologize for any inconvenience this may cause you or your organization.

Tracking #: 447095948763 - Fedex Next Day AM

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95935109**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 06/27/2018 (07/27/2018)
Delivery No. 83116497
Ref Sales Order No. 7647212 (06/26/2018)
Customer PO No. 01310
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	BW-412T N3640820 BW-412T DISP COMBO CLEANING BRUSH Serial No. () THANK YOU FOR YOUR ORDER	NEW	4	95.00	380.00
Freight					0.00
Net Value					380.00
Total Before Tax					380.00
Tax					0.00
Total Amount (USD)					380.00

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95935109**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/27/2018 (07/27/2018)
Delivery No.	83116497
Ref Sales Order No.	7647212 (06/26/2018)
Customer PO No.	01310
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

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Tracking #: 447096006438 - Fedex Next Day AM

Page 2 of 2

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Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95942197

Mail Remittance To:

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To	20040653
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To	20040653
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	

Sold-To	20040653
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	

Information	
Invoice Date (Due Date)	06/28/2018 (07/28/2018)
Delivery No.	83120006
Ref Sales Order No.	7647212 (06/26/2018)
Customer PO No.	01310
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
20	7501357 7501357 7501357 FOOTSWITCH FOR OFF FLUSHING PUMP Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	73.03	146.06
Freight					0.00
Net Value					146.06
Total Before Tax					146.06
Tax					0.00
Total Amount (USD)					146.06

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95942197**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

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Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/28/2018 (07/28/2018)
Delivery No.	83120006
Ref Sales Order No.	7647212 (06/26/2018)
Customer PO No.	01310
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

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Tracking #: 447096028031 - Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95942198**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/28/2018 (07/28/2018)
Delivery No.	83120007
Ref Sales Order No.	7649252 (06/27/2018)
Customer PO No.	01323
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	2,675.00	2,675.00
Freight					19.25
Net Value					2,675.00
Total Before Tax					2,694.25
Tax					0.00
Total Amount (USD)					2,694.25

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95942198**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

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Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	06/28/2018 (07/28/2018)
Delivery No.	83120007
Ref Sales Order No.	7649252 (06/27/2018)
Customer PO No.	01323
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Attn:

Notes

From Thursday, July 5th # Friday, July 6th, Olympus will be implementing a new Warehouse Management System in our distribution centers. This new system is intended to enhance business processes, and ultimately allow us to best meet your needs. As a result, Olympus will not be shipping medical or surgical products from July 5-6th, with the exception of the chemicals used in our OER-Pro Reprocessor. We apologize for any inconvenience this may cause you or your organization.

Please change your vendor information to the following: OLYMPUS 3500 CORPORATE PARKWAY, CENTER VALLEY, PA 18034

Tracking #: 447096028042 - Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95949769**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To 20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 06/29/2018 (07/29/2018)**Delivery No.** 83123664**Ref Sales Order No. (Date)** 7652839 (06/28/2018)**Customer PO No.** 01345**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	FB-220U.A N5355430 FB-220U.A (EN) VN Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	120.00	240.00
Freight					0.00
Net Value					240.00
Total Before Tax					240.00
Tax					0.00
Total Amount (USD)					240.00

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95949769**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To 20040653**

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 06/29/2018 (07/29/2018)**Delivery No.** 83123664**Ref Sales Order No. (Date)** 7652839 (06/28/2018)**Customer PO No.** 01345**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** PURCHASING

Attn:

Notes

From Thursday, July 5th - Friday, July 6th, Olympus will be implementing a new Warehouse Management System in our distribution centers. This new system is intended to enhance business processes, and ultimately allow us to best meet your needs. As a result, Olympus will not be shipping medical or surgical products from July 5-6th, with the exception of the chemicals used in our OER-Pro Reprocessor. We apologize for any inconvenience this may cause you or your organization. *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Pky, Center Valley PA 18034.

Tracking #: 449767637759 - Fedex Next Day AM

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95959043**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 07/02/2018 (08/01/2018)
Delivery No. 83126607
Ref Sales Order No. 7655416 (06/29/2018)
Customer PO No. 01362
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	BW-412T N3640820 BW-412T DISP COMBO CLEANING BRUSH Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	95.00	190.00
Freight					0.00
Net Value					190.00
Total Before Tax					190.00
Tax					0.00
Total Amount (USD)					190.00

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95959043**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	07/02/2018 (08/01/2018)
Delivery No.	83126607
Ref Sales Order No.	7655416 (06/29/2018)
Customer PO No.	01362
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

From Thursday, July 5th - Friday, July 6th, Olympus will be implementing a new Warehouse Management System in our distribution centers. This new system is intended to enhance business processes, and ultimately allow us to best meet your needs. As a result, Olympus will not be shipping medical or surgical products from July 5-6th, with the exception of the chemicals used in our OER-Pro Reprocessor. We apologize for any inconvenience this may cause you or your organization. *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Pky, Center Valley PA 18034.

Tracking #: 449767657533 - Fedex Next Day AM

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 95959044**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	07/02/2018 (08/01/2018)
Delivery No.	83127449
Ref Sales Order No.	7654609 (06/29/2018)
Customer PO No.	01353
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. ()	NEW	2	2,675.00	5,350.00
21	55565A-1 U3144923 55565A-1 CABLE ADAPTER FOR MAVIGRAPH Serial No. ()	NEW	3	59.13	177.39

THANK YOU FOR YOUR ORDER

Freight	:	35.75
Net Value	:	5,527.39
Total Before Tax	:	5,563.14
Tax	:	0.00
Total Amount (USD)	:	5,563.14

Notes

Tracking #: 449767661569 - Fedex Next Day AM, 449767661570 - Fedex Next Day AM, 449767661580 - Fedex Next Day AM

Page 1 of 1

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Credit Memo 95982186**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Credit Memo Date 07/09/2018
Credit Memo Req./RMA No. 7654699
Original Sales # 7573129
Customer PO No. 00853
Payer # 20040653
Currency USD
Requested By MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box)	NEW	1	535.00	535.00

THANK YOU FOR YOUR ORDER

Freight	:	5.50
Net Value	:	535.00
Total Before Tax	:	540.50
Tax	:	0.00
Total Credit Amount (USD)	:	540.50

Notes

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

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Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96009743

Mail Remittance To:

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653
AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653
AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653
AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 07/13/2018 (08/12/2018)
Delivery No. 83152838
Ref Sales Order No. (Date) 7676338 (07/13/2018)
Customer PO No. 01491
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW	2	81.00	162.00
21	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. ()	NEW	2	145.92	291.84
THANK YOU FOR YOUR ORDER					
Freight					0.00
Net Value					453.84
Total Before Tax					453.84
Tax					0.00
Total Amount (USD)					453.84

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96009743**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	07/13/2018 (08/12/2018)
Delivery No.	83152838
Ref Sales Order No. (Date)	7676338 (07/13/2018)
Customer PO No.	01491
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Notes

Tracking #: 438710547007-Fedex Next Day AM, 438710548404-Fedex 2nd Day

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96017556**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 07/16/2018 (08/15/2018)
Delivery No. 83156141
Ref Sales Order No. 7678896 (07/16/2018)
Customer PO No. 01502
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By DEBBY CAMPBELL

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21	HX-202UR.B N5424530 HX-202UR.B QUICKCLIP PRO 230CM 5/BX (EN) Serial No. ()	NEW	2	681.50	1,363.00
23	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. ()	NEW	1	429.60	429.60

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	1,792.60
Total Before Tax	:	1,792.60
Tax	:	0.00
Total Amount (USD)	:	1,792.60

Notes

Tracking #: 438710571696-Fedex Next Day AM, 438710572784-Fedex 2nd Day

Page 1 of 1

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OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96017557**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 07/16/2018 (08/15/2018)
Delivery No. 83157580
Ref Sales Order No. 7680236 (07/16/2018)
Customer PO No. 01517
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. () THANK YOU FOR YOUR ORDER	NEW	6	26.04	156.24
Freight					2.75
Net Value					156.24
Total Before Tax					158.99
Tax					0.00
Total Amount (USD)					158.99

Notes

Tracking #: 438710583873-Fedex 2nd Day

Page 1 of 1

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail Remittance To:
Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Invoice 96020887**Mail All Correspondence To:**

3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Payer 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date 07/17/2018

Currency USD

Terms of Payment Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500028491 Customer: AMORY REGIONAL MEDICAL CENTER INC (0020040653) Contract Term : 07/17/2017 - 07/16/2020 Coverage Term : 07/17/2018 - 08/16/2018		
		2,911.18
	Sub Total	2,911.18
	Sales Tax	0.00
	Total Amount	2,911.18
	Total Tax	0.00
	Total Due	2,911.18

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96036986**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	07/19/2018 (08/18/2018)
Delivery No.	83165765
Ref Sales Order No.	7686478 (07/18/2018)
Customer PO No.	01559
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	BC-202D-2010 5841930 BC-202D-2010 DISP CYTO BRUSH 2.0MM CH Serial No. ()	NEW	1	122.80	122.80
20	TD-TB400 N3808740 TD-TB400 THUNDERBEAT Transducer Serial No. (9822162)	NEW	1	2,750.00	2,750.00

THANK YOU FOR YOUR ORDER

Freight	:	2.75
Net Value	:	2,872.80
Total Before Tax	:	2,875.55
Tax	:	0.00
Total Amount (USD)	:	2,875.55

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96036986**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	07/19/2018 (08/18/2018)
Delivery No.	83165765
Ref Sales Order No.	7686478 (07/18/2018)
Customer PO No.	01559
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PURCHASING

Attn:

Notes

~ Please note price change and update your records accordingly.

Tracking #: 438710643015-Fedex Next Day AM, 438710645165-Fedex 2nd Day

Page 2 of 2

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96044375**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand**Phone** 484-896-3371**Fax** 484-896-7822**Email** SHALLON.HAND@OLYMPUS.COM**Ship-To 20040653**

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information**Invoice Date (Due Date)** 07/20/2018 (08/19/2018)**Delivery No.** 83167567**Ref Sales Order No. (Date)** 7687896 (07/19/2018)**Customer PO No.** 01569**Payer No.** 20040653**Currency** USD**Terms of Payment** Net 30 Days**Incoterm** FOB - SHIPPING POINT**Requested By** MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. ()	NEW	2	125.16	250.32
20	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. () THANK YOU FOR YOUR ORDER	NEW	6	26.04	156.24
Freight					2.75
Net Value					406.56
Total Before Tax					409.31
Tax					0.00
Total Amount (USD)					409.31

Page 1 of 2

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96044375**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 07/20/2018 (08/19/2018)
Delivery No. 83167567
Ref Sales Order No. (Date) 7687896 (07/19/2018)
Customer PO No. 01569
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By MALLORY WRIGHT

Attn:

Notes

PLEASE NOTE: THE CORRECT VENDOR ADDRESS FOR OLYMPUS IS 3500 CORPORATE PARKWAY, CENTER VALLEY, PA 18034, PLEASE CORRECT IT ON FUTURE PO'S
Tracking #: 438710656552-Fedex 2nd Day

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96079986**Mail Remittance To:**

Olympus America Inc.
PO Box 120600, Dept 0600
Dallas, TX 75312-0600

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date) 07/27/2018 (08/26/2018)
Delivery No. 83186337
Ref Sales Order No. (Date) 7702310 (07/26/2018)
Customer PO No. 01643
Payer No. 20040653
Currency USD
Terms of Payment Net 30 Days
Incoterm FOB - SHIPPING POINT
Requested By MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	FB-220U.A N5355430 FB-220U.A (EN) VN Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	120.00	240.00
Freight					0.00
Net Value					240.00
Total Before Tax					240.00
Tax					0.00
Total Amount (USD)					240.00

Notes**Tracking #: 438710796490-Fedex Next Day AM**

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

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: (6822614)
Olympus Corporation of the
Americas
3500 Corporate Parkway (attn
Joe McNamara)
Center Valley, PA 18034

Claim No: 38
Original Filed
Date: 01/15/2019
Original Entered
Date: 01/15/2019

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

Amount claimed: \$66768.87

History:

[Details](#) [38-1](#) 01/15/2019 Claim #38 filed by Olympus Corporation of the Americas, Amount claimed: \$66768.87 (admin)

Description:

Remarks: (38-1) Account Number (last 4 digits):0653

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*	\$66768.87
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		