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 Clair	n						
1.Who is the current creditor?	Olympus Corporation of the Americas						
	Name of the current creditor (the person or entity to be pair	d for this claim)					
	Other names the creditor used with the debtor						
2.Has this claim been acquired from someone else?	☑ No☑ Yes. From whom?						
3.Where should notices	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)					
and payments to the creditor be sent?	Olympus Corporation of the Americas						
Federal Rule of	Name	Name					
Bankruptcy Procedure (FRBP) 2002(g)	3500 Corporate Parkway (attn Joe McNamara) Center Valley, PA 18034						
	Contact phone <u>1 484 896 5371</u>	Contact phone					
	Contact email joseph.mcnamara@olympus.com	Contact email					
	Uniform claim identifier for electronic payments in chapte	r 13 (if you use one):					
4.Does this claim amend one already filed?	 No Yes. Claim number on court claims registry (if know 	wn) Filed on					
		MM / DD / YYYY					
5.Do you know if anyone else has filed a proof of claim for this claim?	 ☑ No ☑ Yes. Who made the earlier filing? 						
Official Form 410	Proof of Claim	page 1					

Part 2: Give Information	Abo	ut the Claim as of the Date th	ne Case Was Filed		
6.Do you have any number you use to identify the debtor?	□ ▼	No Yes. Last 4 digits of the debtor's acc	count or any number you use to	identify the debtor:	0653
7.How much is the claim?	\$	V	oes this amount include No		-
			Yes. Attach statement ite other charges required by	emizing interest, fees, y Bankruptcy Rule 300	expenses, or 01(c)(2)(A).
8.What is the basis of the claim?	dea Ban	mples: Goods sold, money loa th, or credit card. Attach redac kruptcy Rule 3001(c). it disclosing information that is	ted copies of any docume	nts supporting the clai	m required by
		Goods sold			
9. Is all or part of the claim secured?		Yes. The claim is secured by a Nature of property: Real estate. If the claim	a lien on property. h is secured by the debtor's laim Attachment (Official Fo		
		Basis for perfection:			
		Attach redacted copies of do interest (for example, a mort document that shows the lier	gage, lien, certificate of title	e, financing statement	n of a security , or other
		Value of property:	\$		
		Amount of the claim that is secured:	\$		
		Amount of the claim that is unsecured:	\$	unsecured a	the secured and mounts should mount in line 7.)
		Amount necessary to cure date of the petition:	any default as of the	\$	
		Annual Interest Rate (when	a case was filed)	%	
		FixedVariable			
10.Is this claim based on a lease?		No Yes. Amount necessary to	cure any default as of th	e date of the petition	ı.\$
11.Is this claim subject to a right of setoff?		No Yes. Identify the property:			
Official Form 410		Droc	of of Claim		
		FIOC			page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	∑	No Yes. <i>Check al</i> i	l that apply:				Amount entitled to priority
A claim may be partly priority and partly		Domestic su under 11 U.S	pport obligat S.C. § 507(a)	ions (including a)(1)(A) or (a)(1)(alimony an (B).	d child support)	\$
nonpriority. For example in some categories, the law limits the amount entitled to priority.	₹,	Up to \$2,850 property or s U.S.C. § 507	ervices for p	s toward purcha ersonal, family,	se, lease, or househ	or rental of old use. 11	\$
		□ Wages, sala 180 days bei business end	fore the banl	missions (up to S kruptcy petition i er is earlier. 11 L	is filed or t	he debtor's	\$
		□ Taxes or per 507(a)(8).	nalties owed	to governmenta	al units. 11	U.S.C. §	\$
			s to an emple	oyee benefit pla	ın. 11 U.S.	C. § 507(a)(5).	\$
		Cother. Speci	fy subsection	n of 11 U.S.C. §	507(a)(_)	that applies	\$
		* Amounts are subj of adjustment.	ect to adjustme	ent on 4/01/19 and	every 3 years	s after that for case	s begun on or after the date
Part 3: Sign Below							
The person completing this proof of claim must	Che	ck the appropriat	te box:				
sign and date it. FRBP	V	I am the credito	r.				
9011(b).		I am the credito	r's attorney o	or authorized ag	jent.		
If you file this claim electronically, FRBP		I am the trustee	, or the debt	or, or their autho	orized age	nt. Bankruptcy F	Rule 3004.
5005(a)(2) authorizes courts to establish local rules		I am a guaranto	or, surety, en	dorser, or other	codebtor.	Bankruptcy Rule	e 3005.
specifying what a signature is.	l und the a	erstand that an auth mount of the claim,	norized signatur the creditor gav	e on this Proof of C ve the debtor credit	Claim serves for any payr	as an acknowledgr nents received towa	nent that when calculating ard the debt.
A person who files a fraudulent claim could be			rmation in this I	Proof of Claim and	have a reaso	onable belief that th	e information is true
fined up to \$500,000, imprisoned for up to 5 years, or both.		correct. lare under penalty o	f perjury that th	e foregoing is true	and correct.		
18 U.S.C. §§ 152, 157 and 3571.	Exe	cuted on date	1/15/201	9			
			MM / DD	/ YYYY			
	/s/ J	loseph McNamara					
	Sign	ature				-	
	0			in completion o	م ما ما میں	this slaim.	
		t the name of the	e person who	o is completing a	and signing	g this claim:	
	Nan	ne		Joseph McNama	ara		
	T :41-				liddle name	Last name	
	Title	<u>}</u>		Sr. Manager, Cr	edit Risk		
	Con	npany		Olympus Corpo	oration of the	e Americas	
	A .I .I			servicer		as the company if the	he authorized agent is a
	Add	lress		3500 Corporate	Parkway		
				Number Street			
				Center Valley, F	PA 18034		
				City State ZIP C	Code		
	Con	tact phone	1 484 896 537		Email	joseph.mcnamar	a@olympus.com
		-				J	

Official Form 410

Proof of Claim

Open Invoices

Customer:2002 - 2002 - 20040653 - AMORY REGIONAL MEDICAL CENTER INC \$66,768.8 Exported: 1/14/2019 5:04 PM

							Invoice Amount	Invoice		
Invoice #	Line	ssignment	t SAP Doc #	Purchase Order	Invoice Date	DBT	(Trading)	Reason	BSEG-BELN	Proof of Delivery
95443297	001	754-66919	2 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		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		0095902369	0083099574
95915867	001	01241	SO 7638557	01241	6/22/2018	176	162.00		0095915867	0083106302
95935109	001	01310	SO 7647212	01310	6/27/2018	171	380.00		0095935109	0083116497
95942197	001	01310	SO 7647212	01310	6/28/2018	170	146.06		0095942197	0083120006
95942198	001	01323	SO 7649252	01323	6/28/2018	170	2,694.25		0095942198	0083120007
95949769	001	01345	SO 7652839	01345	6/29/2018	169	240.00		0095949769	0083123664
95959043	001	01362	SO 7655416	01362	7/02/2018	166	190.00		0095959043	0083126607
95959044	001	01353	SO 7654609	01353	7/02/2018	166	5,563.14		0095959044	0083127449
95982186	001	00853		00853	7/09/2018	189	-540.50		0095982186	0084319155
96009743	001	01491	SO 7676338	01491	7/13/2018	155	453.84		0096009743	0083152838
96017556	001	01502	SO 7678896	01502	7/16/2018	152	1,792.60			0083156141
96017557	001	01517	SO 7680236	01517	7/16/2018	152	158.99		0096017557	0083157580
96020887	001		SV500028491		7/17/2018	151	2,911.18		0096020887	0070603961
96036986	001	01559	SO 7686478	01559	7/19/2018	149	2,875.55		0096036986	0083165765
96044375	001	01569	SO 7687896	01569	7/20/2018	148	409.31		0096044375	0083167567
96079986	001	01643	SO 7702310	01643	7/27/2018	141	240.00	INV1	0096079986	0083186337

66,768.87



Invoice 95443297

Mail Remittance To:

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep.	Shallon H 103371	and	
Ship-T	AMORY REGIONAL MEDICAL CENTER INC	Fax Brail	484-896-7 SHALLON	7822 .HAND@OLYM	IPUS.COM
	1105 EARL FRYE BLVD AMORY , MS 38821	Information Invoice Date (Du Delivery No.	-	03/16/2018 (0 82872089)4/15/2018)
Sold-T	O 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821		No.	7450410 (03/ 754-6691921 20040653 USD Net 30 Days	15/2018)
Attn:		Incoterm Requested By	F	ob - Shippin Edi Edi	g point
.ine 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	429.6
		Freight		• • • • • • • • • • • • • • • • • • •	0.0
		Net Value		:	429.6
		Total Before T Tax			429.60 0.00
		Total Amount	(USD)	:	429.6
Notes 	ng #: 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.

of 41

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

Mail All Correspondence To:

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

Bill-To	2004065	53				
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep Phone Fax Email	Shallon Hand 103371 484-896-7822 SHALLON.HAND@OLYMPUS.COM			
Payer	20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	³ 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
	ER INC (0020040653)	0.00
	Total Amount	2,911.18
	Total Tax	0.00
	Total Due	2,911.18



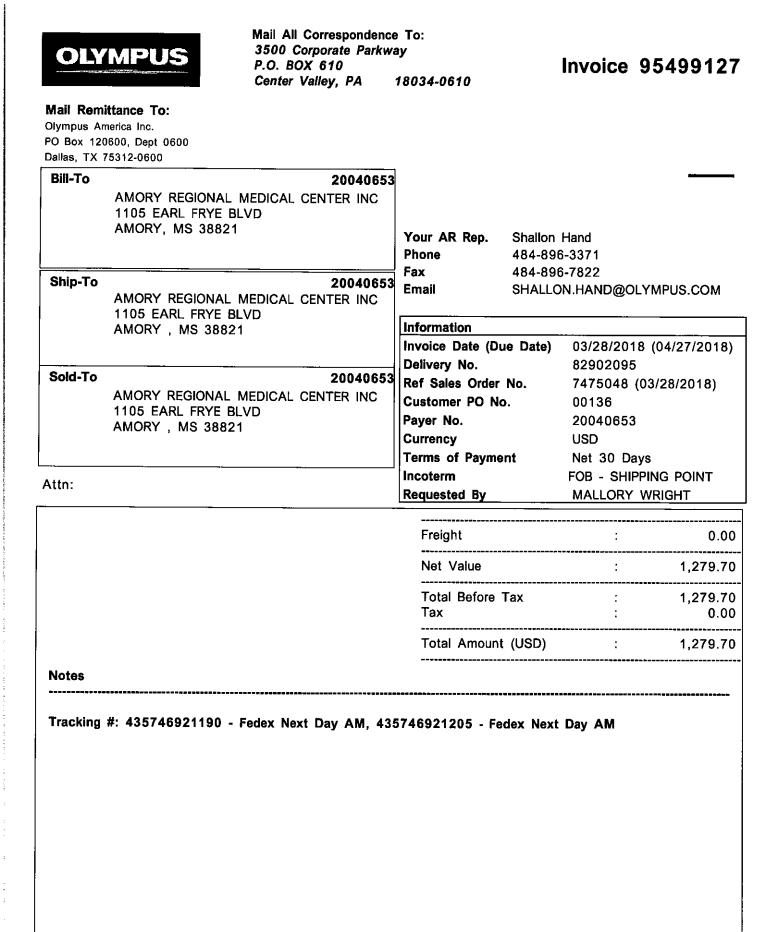
Invoice 95499127

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 Ha	and		
Ship-T	O 20040653 AMORY REGIONAL MEDICAL CENTER INC	Phone Fax Email	484-896-3 484-896-7 SHALLON.		PUS.COM	
	1105 EARL FRYE BLVD AMORY , MS 38821	Information Invoice Date (Due	e Date)	03/28/2018 (0	04/27/2018)	
Sold-T	O 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Delivery No. Ref Sales Order Customer PO No Payer No. Currency Terms of Paymer	No.	82902095 7475048 (03/28/2018) 00136 20040653 USD Net 30 Days		
Attn:		Incoterm Requested By	COTERM FOB - SHIPPING POIN			
.ine 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	NEW	5	81.00	405.0	
51	Serial No. () FG-401Q 5841030 FG-401Q FLOWERBASKET DISP. RETR.BASKET	NEW	2	164.90	329.80	
	Serial No. () FG-401Q 5841030 FG-401Q FLOWERBASKET DISP. RETR.BASKET Serial No. ()	NEW	1	164.90	164.90	
	THANK YOU FOR YOUR ORDER					

Page 1 of 2

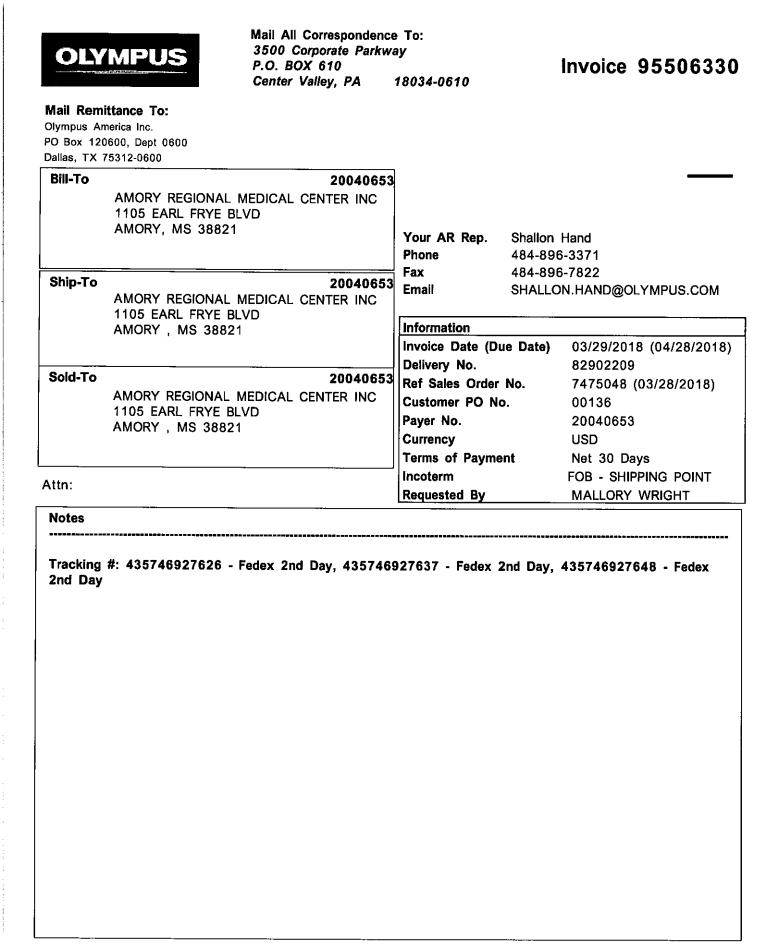


The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or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

Page 2 of 2

OL	YMPUS 3500 P.O. B	l Correspondence Corporate Parkw OX 610 Valley, PA		In	voice 95	506330		
Olympus PO Box	AMORY REGIONAL MEDICAL 1105 EARL FRYE BLVD AMORY, MS 38821	20040653	Your AR Rep. Phone Fax	Shallon Ha 484-896-3 484-896-7 SHALLON.	371	PUS.COM		
Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821			Invoice Date (Due Date) 03/29/2018 (04/28/ Delivery No. 82902209 Ref Sales Order No. 7475048 (03/28/20) Customer PO No. 00136 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days					
Attn:			Incoterm FOB - SHIPPING POINT Requested By MALLORY WRIGHT					
Line No.	Material/Description	-	Inv. Type	Quantity	Unit Price	Value		
21 41	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX C WATER TU Serial No. () MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX C WATER TU Serial No. ()	HANNEL	NEW	2	145.92 145.92	729.60 291.84		
	THANK YOU FOR YOUR ORDE	R						
			Freight		:	0.00		
			Net Value		:	1,021.44		
			Total Before T Tax		:	0.00		

Page 1 of 2



OL	Mail All Corresponden 3500 Corporate Parkt P.O. BOX 610		Ir	voice 95	506331
	Center Valley, PA	18034-0610			500551
Olympus PO Box 1	mittance To: America Inc. 20600, Dept 0600 < 75312-0600				
Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep.	Shallon Ha		
Ship-Te	AMORY REGIONAL MEDICAL CENTER INC	Fax	484-896-3 484-896-7 SHALLON.		PUS.COM
	1105 EARL FRYE BLVD AMORY , MS 38821	Information Invoice Date (Due	e Date)	03/29/2018 (0)4/28/2018)
Sold-Te	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	 Delivery No. Ref Sales Order No. Customer PO No. Payer No. Currency Terms of Paymen 	No.	82903306 7476046 (03/ 00194 20040653 USD Net 30 Days	
Attn:		Incoterm Requested By	F	OB - SHIPPIN PURCHASING	
Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
	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 Ta Tax 		:	2,694.25 0.00
		Total Amount	(USD)	:	2,694.25
Notes Trackin	g #: 435746933919 - Fedex 2nd Day				

Claim 38-1 Part 2 Filed 01/15/19 of 41 Case 3:18-bk-05675 Desc Attachment 1 Page 8

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: Phone Fax Email	484-896-3 484-896-3	3371
Ship-To		Information		<u>.</u>
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Invoice Date (Due	e Date)	04/06/2018 (05/06/2018)
		Delivery No.	•	82923665
		Ref Sales Order N	lo. (Date)	7491821 (04/06/2018)
Sold-To	000 (0050	Customer PO No.	I	00368
2010-10		Payer No.		20040653
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Currency		USD
	AMORY, MS 38821	Terms of Paymen	t	Net 30 Days
		Incoterm		FOB - SHIPPING POINT
		Requested By		MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	11 SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. () THANK YOU FOR YOUR ORDER	NEW	3	81.00	243.00
		 Freight	*	:	0.00
		Net Value			243.00
		Total Before T Tax	'ax	:	243.00 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.

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.



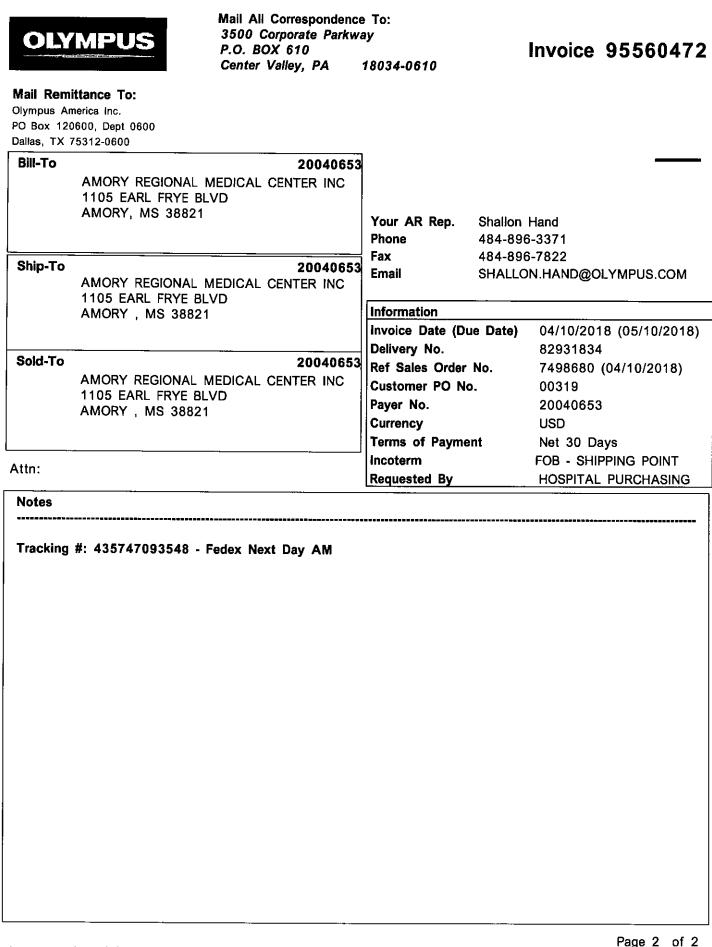
Invoice 95560472

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. Phone Fax	Shallon Ha 484-896-3	3371			
Ship-T	O 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Email Information Invoice Date (Due	SHALLON	84-896-7822 HALLON.HAND@OLYMPUS.COM Date) 04/10/2018 (05/10/2018)			
Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821		Customer PO No. Payer No. Currency Terms of Paymer	No. nt	00319 20040653 USD			
Attn:		Incoterm Requested By		OB - SHIPPIN			
Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value		
21	PBD-230-0704 N1075530 PBD-230-0704 PANCREATIC STENT 40MM LENGT	NEW	2	40.18	80.36		
31	Serial No. () BC-V600P-3010 N3625830 BC-V600P-3010 BRUSHMASTER V CYTOLOGY BRU	NEW	1	95.00	95.00		
41	Serial No. () MAJ-1820 N4535730 MAJ-1820 MAJ-1820 10FR. STENT INTRODUCER Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	58.65	117.30		
		 Freight		:	0.00		
		Net Value		:	292.66		
		Total Before T Tax		:	292.66 0.00		
					292.66		

Page 1 of 2





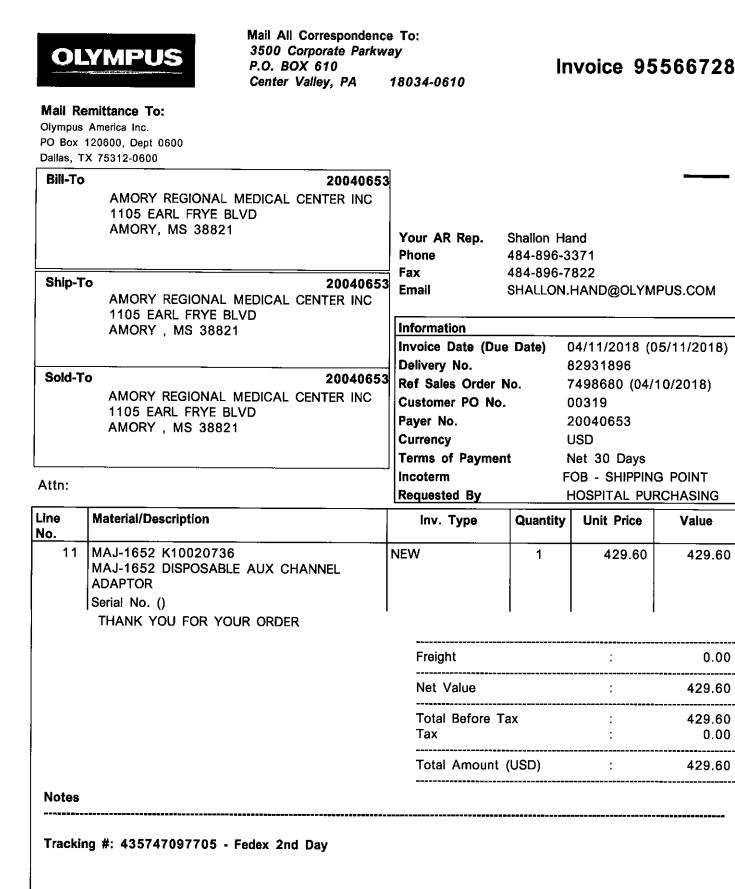
Invoice 95560473

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		01-11		<u> </u>	
		•	Shallon H			
			484-896-3 484-896-3			
Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD		Email		.HAND@OLYM	IPUS.COM	
	AMORY , MS 38821	Information				
		Invoice Date (Due Date)		04/10/2018 (0)5/10/2018)	
Sold-To	20040653	Delivery No.		82931835		
AMORY REGIONAL MEDICAL CENTER INC		Rei Sales Oluer NU.		7498683 (04/	10/2018)	
	1105 EARL FRYE BLVD	Customer PO No.		00399		
	AMORY, MS 38821	Payer No. Currency		20040653 USD		
		Terms of Paymer		Net 30 Days		
A 44	u,	Incoterm		OB - SHIPPIN	g point	
Attn:		Requested By		HOSPITAL PUI	RCHASING	
.ine 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 T Tax	ax	:	1,450.00 0.00	
		Total Amount		:	1,450.00	
Notes Trackin	g #: 435747094408 - Fedex Next Day AM					

Page 1 of 1



Value

429.60

0.00

429.60

429.60

429.60

0.00

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.

of 41



Invoice 95566729

Mail Remittance To:

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

2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821		Okalles 11		
	-			
2004065	2			
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Cilian	SHALLON.	HAND@ULYM	PUS.COM
AMORY, MS 38821				
	Invoice Date (Du	e Date)	04/11/2018 (0	5/11/2018)
	Delivery No.	ł	82935435	
		No.	7501900 (04/1	1/2018)
	Customer PO No	. (00422	
	Payer No.	:	20040653	
	Currency	ļ	USD	
	Terms of Paymer	nt I	Net 30 Days	
	Incoterm	F	OB - SHIPPING	g point
	Requested By		PURCHASING	
Material/Description	Inv. Type	Quantity	Unit Price	Value
B-220U.A N5355430 B-220U.A (EN) VN	NEW	2	120.00	240.00
Serial No. ()				
THANK YOU FOR YOUR ORDER		•		
	Freight		* # 8 8 8 8 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9	0.00
	Net Value		:	240.00
				240.00
	Tax			0.00
			:	
2	1105 EARL FRYE BLVD AMORY, MS 38821 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Material/Description B-220U.A N5355430 B-220U.A (EN) VN Serial No. ()	1105 EARL FRYE BLVD AMORY, MS 38821 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Information Invoice Date (Du Delivery No. Ref Sales Order Customer PO No Payer No. Customer PO No Payer No. Currency Terms of Paymer Incoterm Requested By Material/Description B-220U.A N5355430 B-220U.A (EN) VN Berial No. () THANK YOU FOR YOUR ORDER	1105 EARL FRYE BLVD AMORY, MS 38821 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 20040653 AMORY, MS 38821 Information Invoice Date (Due Date) Delivery No. AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Customer PO No. Payer No. Customer PO No. Payer No. Currency Terms of Payment Incoterm Requested By Material/Description Inv. Type Quantity B-220U.A (EN) VN Berial No. () THANK YOU FOR YOUR ORDER Freight Freight Net Value	1105 EARL FRYE BLVD AMORY, MS 38821 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 20040653 AMORY , MS 38821 20040653 AMORY , MS 38821 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 20040653 Ref Sales Order No. 7501900 (04// Customer PO No. 0422 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPINC Requested By PURCHASING B-220U.A (EN) VN Inv. Type Quantity Weit Volue : NEW 2 120.00

Page 1 of 1



Invoice 95579436

Mail Remittance To:

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep. Phone	484-896-3	3371	
Ship-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Information	e Date)	.HAND@OLYM 	
Sold-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Delivery No. Ref Sales Order Customer PO No Payer No. Currency Terms of Paymer Incoterm	No. nt	82938321 7504191 (04/ 00445 20040653 USD Net 30 Days FOB - SHIPPIN	
Attn:	Material/Description	Requested By	Quantity	PURCHASING	Value
	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 T Tax	ах	:	1,022.75 0.00
		Total Amount		:	1,022.75
	NOTE AND ADJUST PRICING ACCORDING TO g #: 438157837083 - Fedex 2nd Day	D THE PRICING SHO	OWN BELC		

Page 1 of 1



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

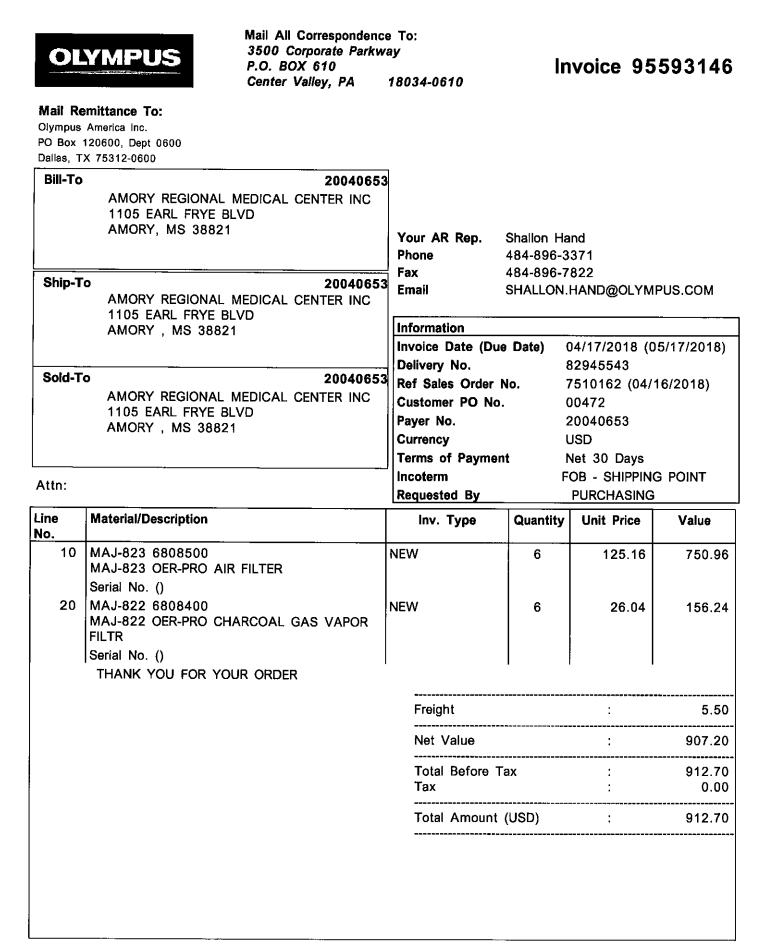
Mail All Correspondence To:

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

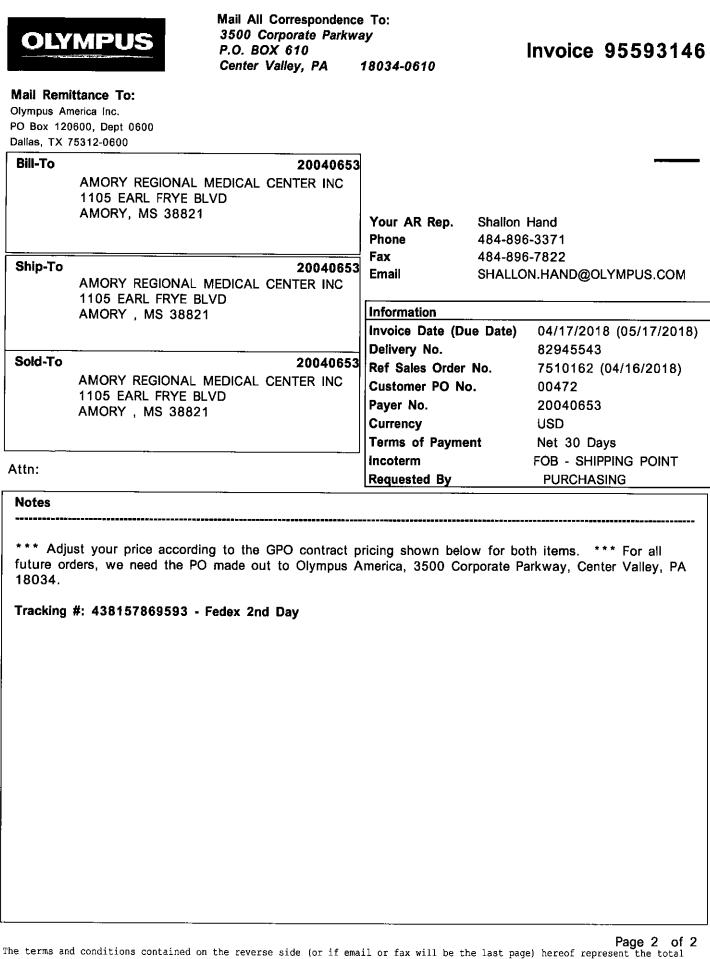
Bill-To	20040653	}	
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep Phone Fax Email	Shallon Hand 484-896-3371 484-896-7822 SHALLON.HAND@OLYMPUS.COM
Payer		Information	
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Invoice Date	04/17/2018
	AMORY, MS 38821	Currency	USD
		Terms of Payment	t 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	0.044.40
		2,911.18



Page 1 of 2





Invoice 95606246

Mail Remittance To:

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC	3				
	1105 EARL FRYE BLVD					
	AMORY, MS 38821	Your AR Rep.	Shallon Ha	and		
		Phone	484-896-3	3371		
Ship-To	2004065	Fax	484-896-7			
omp-ro	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Email	SHALLON	.HAND@OLYM	PUS.COM	
	AMORY, MS 38821	Information				
		Invoice Date (Due Date)		04/19/2018 (0	5/19/2018)	
Sold-To	20040653	Delivery No.		82953078		
	AMORY REGIONAL MEDICAL CENTER INC	³ Ref Sales Order Customer PO No		7515831 (04/18/2018) 00524		
	1105 EARL FRYE BLVD	Payer No.		20040653		
	AMORY, MS 38821	Currency		USD		
		Terms of Payme		Net 30 Days		
		Incoterm		OB - SHIPPING	g point	
Attn:		Requested By		PURCHASING		
ine I Io.	Material/Description	Inv. Type	Quantity	Unit Price	Value	
7	784415 784415 784415 FRONT LOADING SUPER-LOOP 5EA Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	2,255.39	2,255.3	
		 Freight	7 67 68 8 6 4 688666	:	0.0	
		Net Value		:	2,255.3	
		Total Before ⁻ Tax	Тах	:	2,255.39 0.00	
		Total Amount	(050)	:	2,255.3	

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.



Invoice 95627112

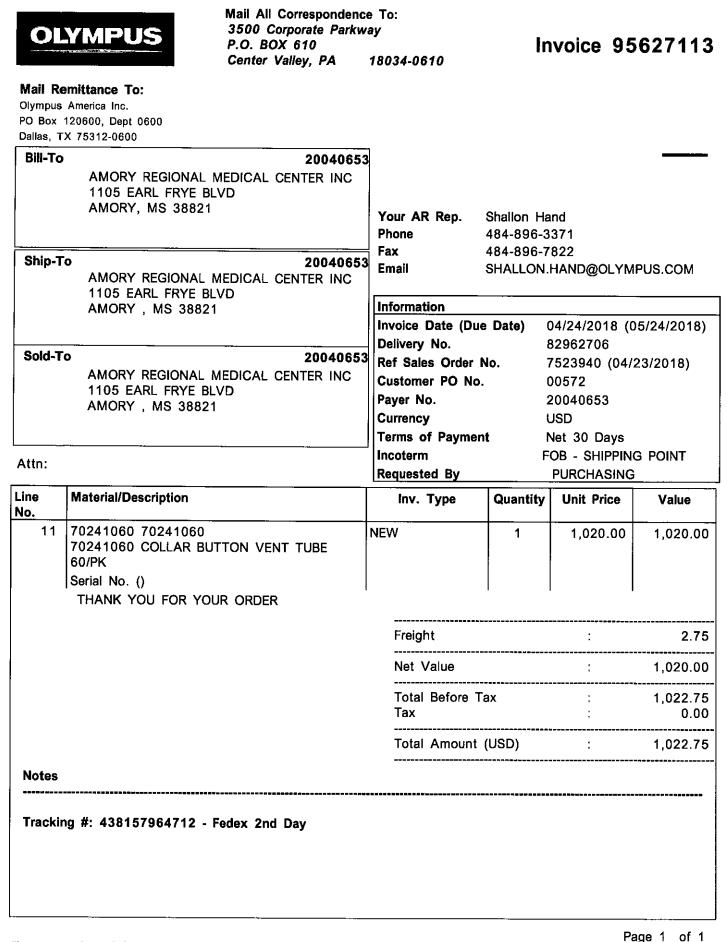
Mail Remittance To:

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	3 Your AR Rep. Phone	Shallon Ha 484-896-3		
Ship-To	AMORY REGIONAL MEDICAL CENTER INC	Fax 3 Email	484-896-7 SHALLON.	'822 HAND@OLYN	IPUS.COM
	1105 EARL FRYE BLVD AMORY , MS 38821	Information			
		Invoice Date (Du	e Date)	04/24/2018 (0)5/24/2018
		Delivery No.	-	82961146	
Sold-To		³ Ref Sales Order	No.	7521240 (04/	20/2018)
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD		Customer PO No		00320	
	AMORY, MS 38821	Payer No.		20040653	
		Currency		USD	
		Terms of Payme		Net 30 Days	
Attn:		Incoterm	F	OB - SHIPPIN	
		Requested By		PURCHASING	
ine Io.	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		:	13.7
		Net Value		:	1,596.5
		Total Before T Tax		:	1,610.2 0.0
		Total Amount	(USD)	:	1,610.2
Notes Trackin	g #: 438157960956 - 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.



Case 3:18-bk-05675 Claim 38-1 Part 2 Filed 01/15/19 Desc Attachment 1 Page 21

of 41



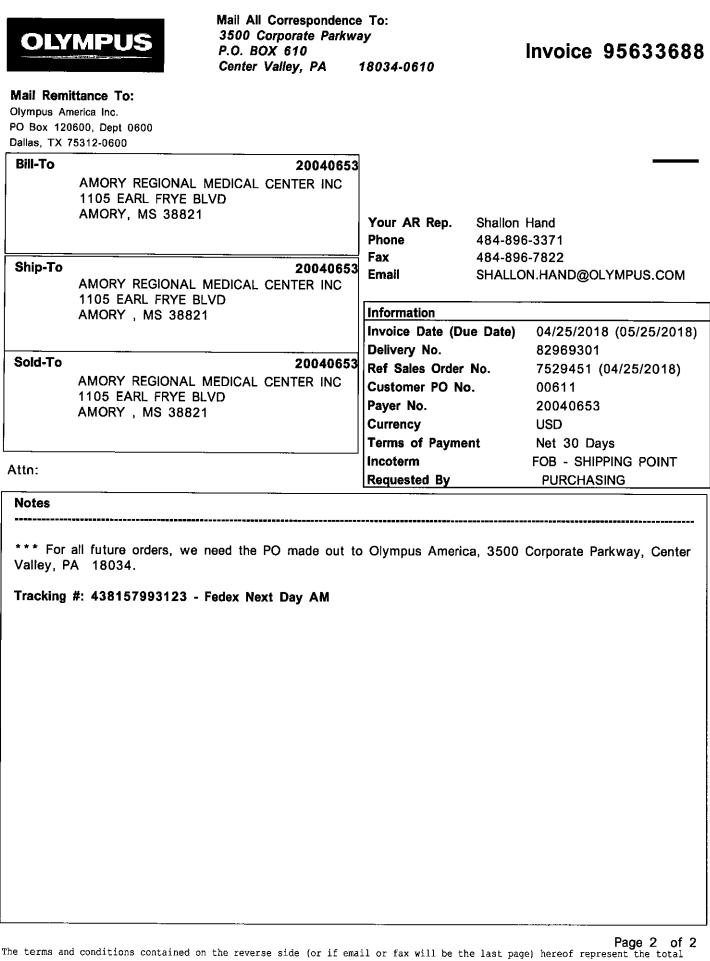
Invoice 95633688

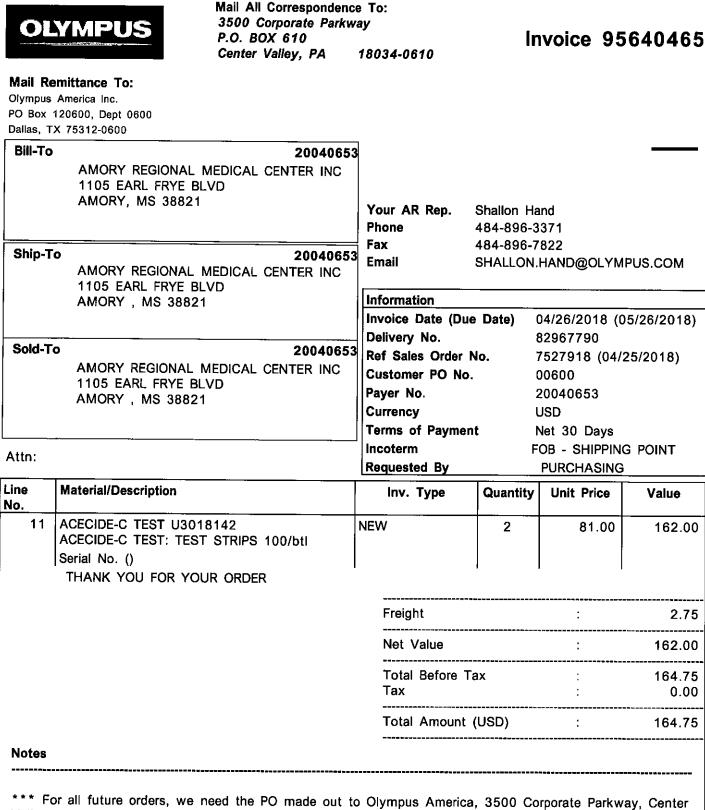
Mail Remittance To:

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. Phone	Shallon Ha 484-896-3	3371	
Ship-To 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 AMORY , MS 38821 Sold-To 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 AMORY REGIONAL MEDICAL CENTER INC		Fax Email Information	484-896-7 SHALLON	7822 .HAND@OLYM	PUS.COM
		Invoice Date (Du Delivery No.	82969301 No. 7529451 (04/25/2 o. 00611 20040653 USD		·
Attn:		Incoterm Requested By	F	OB - SHIPPING	
_ine No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11 21	NM-400U-0423 N5416830 INJECTORFORCEMAX LOWER 23G 4MM 5/BX Serial No. () HX-202UR.B N5424530 HX-202UR.B QUICKCLIP PRO 230CM 5/BX (EN)	NEW	2	120.00 725.00	240.00 725.00
	Serial No. () THANK YOU FOR YOUR ORDER	l			
		Freight		:	0.00
		Net Value		;	965.00
		Total Before 1 Tax	Гах	:	965.00 0.00
		Total Amount	(USD)	•••••••••••••••••••••••••••••••••••••••	965.00

Page 1 of 2





Valley, PA 18034.

Tracking #: 438157997015 - Fedex 2nd Day

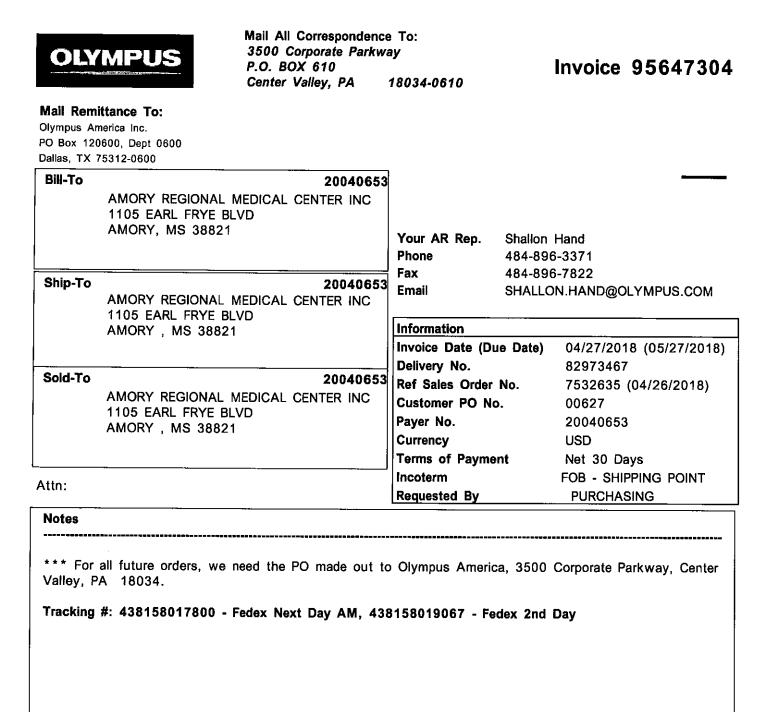
Page 1 of 1 The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

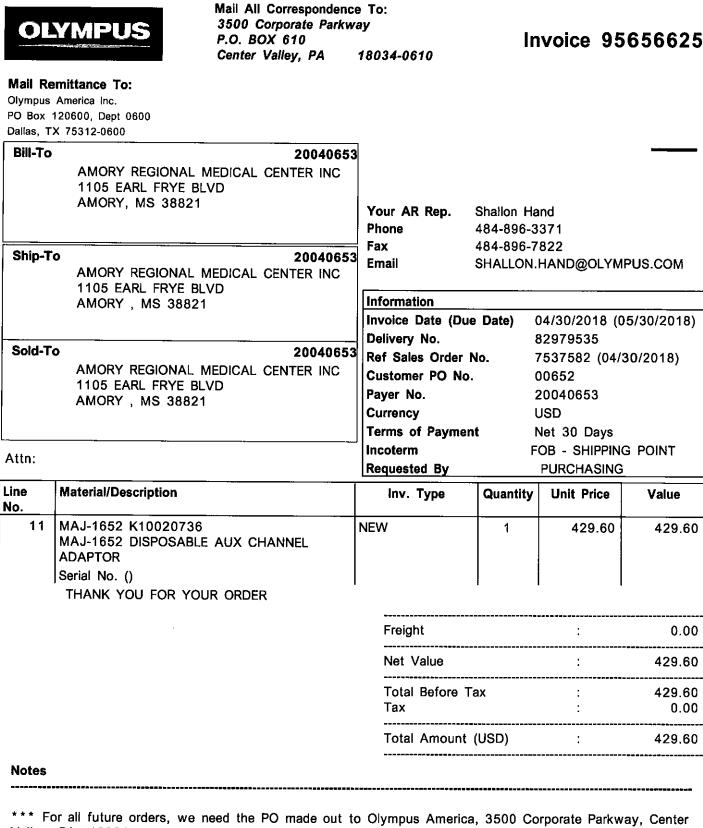
Case 3:18-bk-05675 Claim 38-1 Part 2 Filed 01/15/19 Desc Attachment 1 Page 24

of 41

OL	Mail All Corresp3500 CorporateP.O. BOX 610Center Valley, I	Parkway	Ir	voice 95	647304
Olympus PO Box	AMORY REGIONAL MEDICAL CENTER	040653 INC			
Ship-T		Your AR Rep. Phone Fax 240653 Email	484-896-3 484-896-7	3371	PUS COM
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821		INC Information Invoice Date (Delivery No.	Due Date)	04/27/2018 (C 82973467	
Sold-T	O 204 AMORY REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY , MS 38821	040653 Ref Sales Orde	er No. No.	7532635 (04/) 00627 20040653 USD Net 30 Days	26/2018)
Attn:		Incoterm Requested By	F	OB - SHIPPIN PURCHASING	
Line No.	Material/Description	Inv. Type	Quantity		Value
21 23	NM-400U-0423 N5416830 INJECTORFORCEMAX LOWER 23G 4MM Serial No. () MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL	5/BX NEW	2	120.00 145.92	240.00 291.84
	WATER TU Serial No. () THANK YOU FOR YOUR ORDER				
		Freight		:	0.00
		Net Value		:	531.84
		Total Before Tax	Tax	:	531.84 0.00

Page 1 of 2

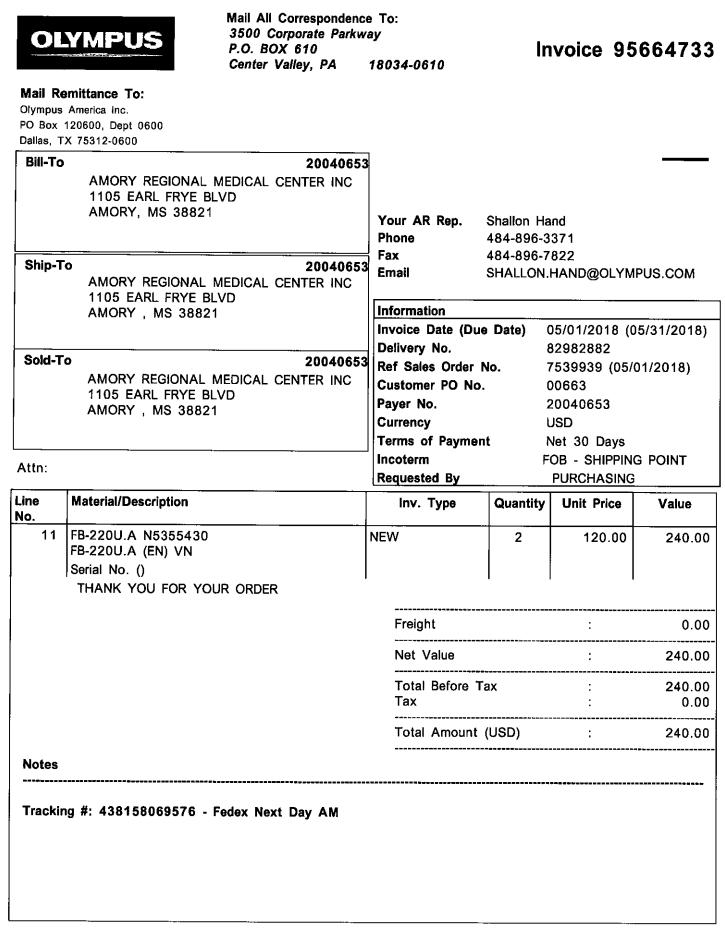




*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Center Valley, PA 18034.

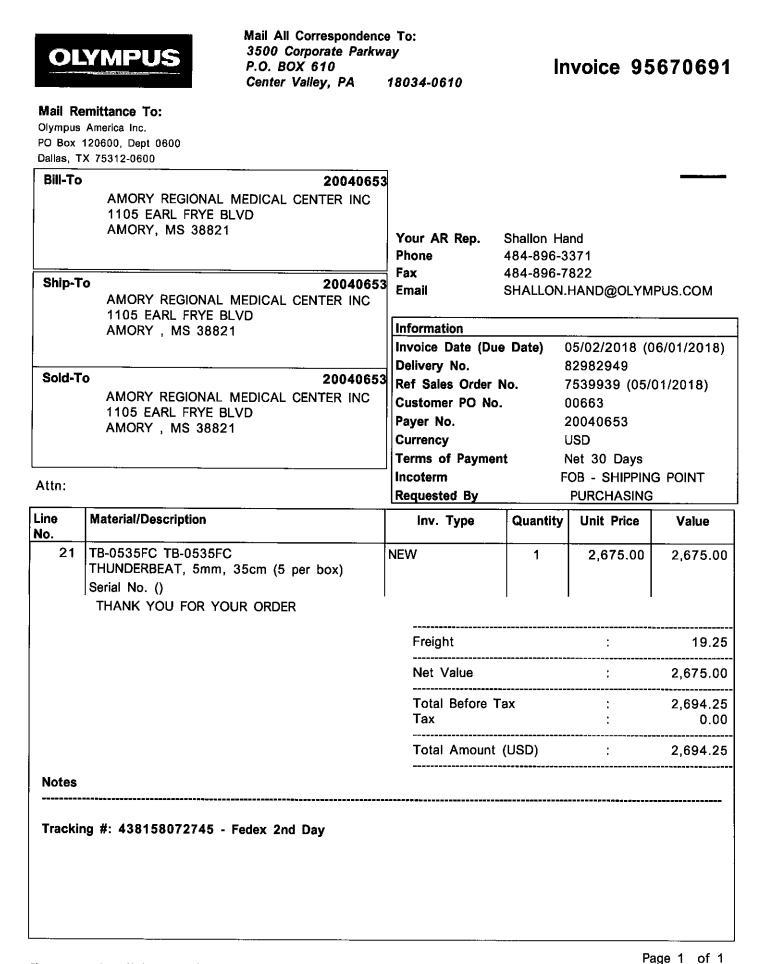
Tracking #: 438158053875 - Fedex 2nd Day

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.



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.



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.

of 41



Invoice 95676618

Mail Remittance To:

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep. Phone	Shallon Ha 484-896-3	371	
Ship-To	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	³ Email Information Invoice Date (Due	e Date)	HAND@OLYM 	
Sold-To	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Customer PO No. Payer No. Currency Terms of Paymen	lo. : t	32989746 7545611 (05/ 00694 20040653 JSD Net 30 Days	·
Attn:	M-4-2-UD	Incoterm Requested By		OB - SHIPPIN PURCHASING	;
Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
	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 T Tax	ax	:	162.00 0.00
		Total Amount		:	162.00
Notes Tracking	g #: 440758585425 - Fedex Next Day AM				

Page 1 of 1

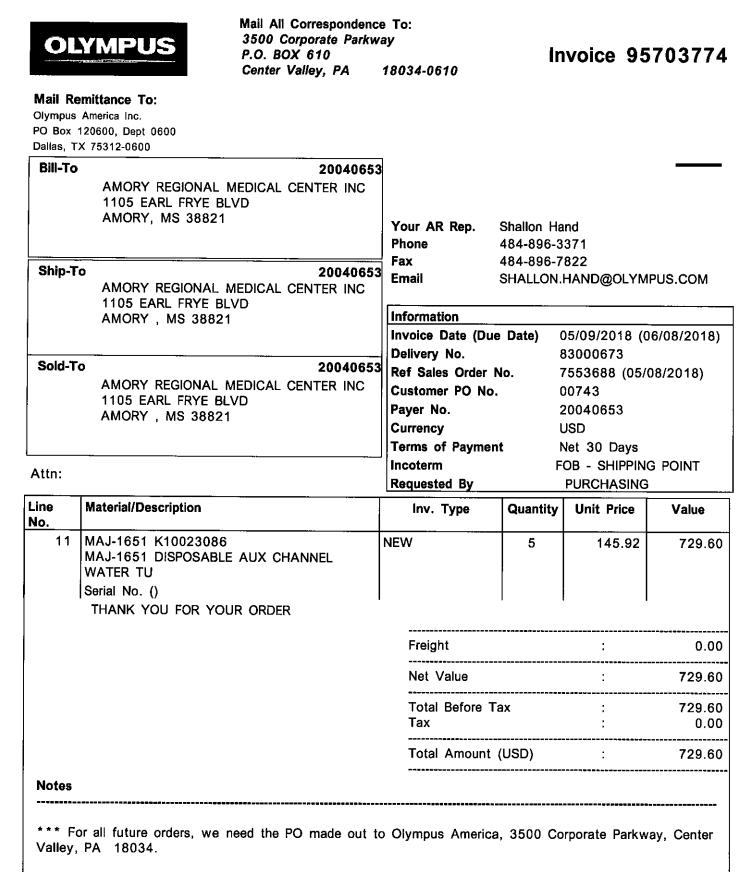
of 41

OL	Mail All Correspondence 3500 Corporate Parkw P.O. BOX 610 Center Valley, PA		Ir	voice 95	696770
Olympus PO Box	emittance To: America Inc. 120600, Dept 0600 X 75312-0600				
Bill-To	20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep. Phone	Shailon Ha 484-896-3		
Ship-T	AMORY REGIONAL MEDICAL CENTER INC	Fax Email	484-896-7 SHALLON.	'822 HAND@OLYM	PUS.COM
1105 EARL FRYE BLVD AMORY , MS 38821		Information Invoice Date (Du Delivery No.		05/08/2018 (0 82997390	6/07/2018)
Sold-T	O 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821		No.	7550997 (05/0 00725 20040653 USD Net 30 Days	07/2018)
Attn:		Incoterm FOB - SHIPPING POINT Requested By PURCHASING			
Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21 31	ACECIDE-C U3018134 ACECIDE-C PERACETIC ACID 6 SETS/CASE Serial No. () ENDOQUICK U2908143	NEW	3	891.00 92.70	2,673.00
33	ENDOQUICK DETERGENT 3 BTLS/Case - 2L ea Serial No. () BW-412T N3640820 BW-412T DISP COMBO CLEANING BRUSH	NEW	3	95.00	285.00
	Serial No. () THANK YOU FOR YOUR ORDER				
		Freight		: :	73.50
		Net Value		:	3,236.10
		Total Before T Tax		:	3,309.60 0.00

Page 1 of 2

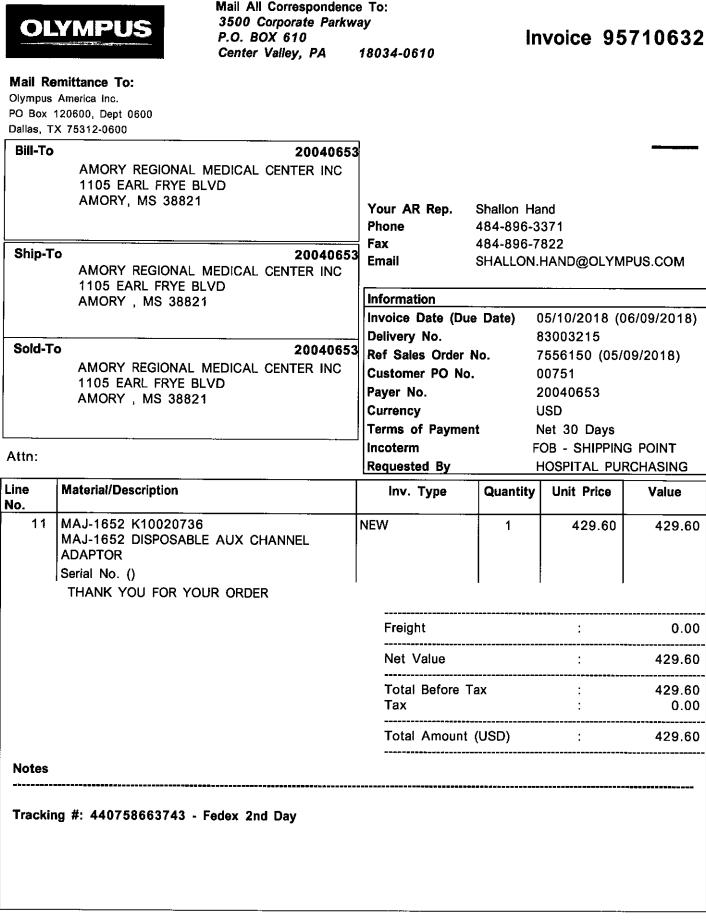
Case 3:18-bk-05675 Claim 38-1 Part 2

	MPUS	Mail All Correspondenc 3500 Corporate Parkw P.O. BOX 610 Center Valley, PA		Invoice 9569677
Diympus Ar 20 Box 120	Ittance To: nerica Inc. 0600, Dept 0600 75312-0600	20040653	3	
	AMORY REGIONAL ME 1105 EARL FRYE BLVI AMORY, MS 38821		Phone 484-8	n Hand 96-3371 96-7822
Ship-To	AMORY REGIONAL ME 1105 EARL FRYE BLVE AMORY , MS 38821			ON.HAND@OLYMPUS.COM
Sold-To	AMORY REGIONAL ME 1105 EARL FRYE BLVE AMORY , MS 38821		Delivery No.	82997390 7550997 (05/07/2018) 00725 20040653 USD Net 30 Days
ttn:		.	Incoterm Requested By	FOB - SHIPPING POINT PURCHASING
Valley, P	A 18034.) Corporate Parkway, Center
X, 437	#: 437548174310-FED 548174354-FED EX, 437	EX, 437548174321-F 548174365-FED EX,	ED EX, 437548174332-F 440758631586 - Fedex I	ED EX, 437548174343-FED Next Day AM



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.



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

Bill-To	20040653		
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep. is: Phone	Shallon Hand 484-896-3371
Ship-To	20040653	Fax	484-896-7822
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Email	SHALLON.HAND@OLYMPUS.COM
	AMORY , MS 38821	Information	
		Credit Memo Date	05/16/2018
		Credit Memo Req./I	RMA No. 7549897
Sold-To	20040653	Original Sales #	7521240
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Customer PO No.	00320
	AMORY, MS 38821	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	I	1	ł	
		 Freight		•	0.00
		Net Value		* *	1,596.50
		Total Before T Tax	ax		1,596.50 0.00
		Total Credit A	nount (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.

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.

Case 3:18-bk-05675 Claim 38-1 Part 2 Filed 01/15/19 Desc Attachment 1 Page 35 of 41



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

Mail All Correspondence To:

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

Bill-To	20040653	3	
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep Phone Fax Email	Shallon Hand 484-896-3371 484-896-7822 SHALLON.HAND@OLYMPUS.COM
Payer	20040653	Information	
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Invoice Date	05/17/2018
	AMORY, MS 38821	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	
	<u></u>	0.00
	Total Amount	
		2,911.18
	Total Tax	
		0.00
	Total Due	0.044.40
	_L	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.

Case 3:18-bk-05675 Claim 38-1 Part 2 Filed 01/15/19 Desc Attachment 1 Page 36 of 41 Page 1 of 1

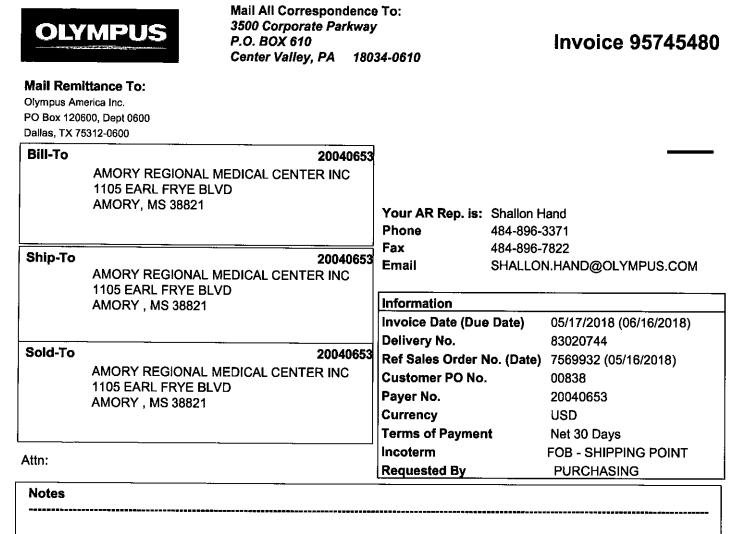


Mail Remittance To:

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY MS 28921	3			
	AMORY, MS 38821	Your AR Rep. is: Phone	Shallon Ha 484-896-3		
Ship-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD		484-896-7 SHALLON	822 .HAND@OLYMF	PUS.COM
	AMORY, MS 38821	Information Invoice Date (Due	•	05/17/2018 (06/1	16/2018)
Sold-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Delivery No. Ref Sales Order N Customer PO No. Payer No. Currency Terms of Paymen	lo. (Date)	83020744 7569932 (05/16/ 00838 20040653 USD Net 30 Days	2018)
Attn:		Incoterm Requested By		OB - SHIPPING	
ine No. N	laterial/Description	Inv. Type	Quantity	Unit Price	Value
F S 21 S S S	E-220U.A N5355430 E-220U.A (EN) VN Serial No. () SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	120.00 81.00	240.00 162.00
		Freight		:	0.00
		Net Value		:	402.00
		Total Before Ta: Tax	x	:	402.00 0.00
		Total Amount (L			402.00

Page 1 of 2



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.

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.



Mail Remittance To:

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep. is:			
Ship-To	2004065 AMORY REGIONAL MEDICAL CENTER INC	Fax	484-896-3 484-896-7 SHALLON		PUS.COM
	1105 EARL FRYE BLVD AMORY , MS 38821	Information Invoice Date (Due Delivery No.	Date)	05/18/2018 (06/ 83024682	17/2018)
Sold-To	20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Ref Sales Order N Customer PO No. Payer No. Currency Terms of Paymen			/2018)
Attn:		Incoterm Requested By		FOB - SHIPPING HOSPITAL PUF	
	Material/Description	Inv. Type	Quantity		Value
21	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. () MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. ()	NEW	1	2,675.00 429.60	2,675.00 429.60
	THANK YOU FOR YOUR ORDER				
		Freight		:	19.25
		Net Value		;	3,104.60
		Total Before Ta Tax			3,123.85 0.00
		Total Amount (L			3,123.85

Page 1 of 2



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: Phone	Shallon H 484-896-;	
		Fax	484-896-7	
Ship-To	20040653 AMORY REGIONAL MEDICAL CENTER INC	Email		N.HAND@OLYMPUS.COM
	1105 EARL FRYE BLVD AMORY , MS 38821	Information		
		Invoice Date (Due	e Date)	05/18/2018 (06/17/2018)
Sold-To	20040653	Delivery No. Ref Sales Order I	lo (Date)	83024682 7573129 (05/17/2018)
	AMORY REGIONAL MEDICAL CENTER INC	Customer PO No.	• •	00853
	1105 EARL FRYE BLVD AMORY , MS 38821	Payer No.		20040653
	AMORT , M5 30021	Currency		USD
		Terms of Paymer	nt	Net 30 Days
Attn:		Incoterm		FOB - SHIPPING POINT
		Requested By		HOSPITAL PURCHASING

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.

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.



Invoice 95772886

Mail Remittance To:

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

Bill-To	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD				
	AMORY, MS 38821	Your AR Rep.	Shallon Ha	and	
		Phone	484-896-3	371	
Ship-T	o 20040653	Fax	484-896-7		
omb-1	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	'Email	SHALLON.	HAND@OLYM	PUS.COM
	AMORY , MS 38821	Information			
		Invoice Date (Du	e Date)	05/23/2018 (0	6/22/2018)
		Delivery No.		83035082	
Sold-T		Ref Sales Order	No.	7581466 (05/	22/2018)
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Customer PO No		00902	
	AMORY , MS 38821	Payer No.	:	20040653	
		Currency	I	USD	
		Terms of Payme	nt I	Net 30 Days	
Attn:		Incoterm		OB - SHIPPIN	
		Requested By		HOSPITAL PUI	RCHASING
ine Io.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	BW-412T N3640820 BW-412T DISP COMBO CLEANING BRUSH	NEW	2	95.00	190.00
	Serial No. ()				
41	KD-V611M-07201S N4506930 KD-V611M-07201S KD TOMES PRELOADED WITH	NEW	2	297.00	594.00
	Serial No. ()				
42	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER	NEW	2	125.16	250.32
	Serial No. ()				
43	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR	NEW	4	26.04	104.16
	Serial No. ()				
	THANK YOU FOR YOUR ORDER	1	I		

Page 1 of 2

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Dallas, TX 7	20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep. Shallon Phone 484-89		
Ship-To	20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Fax 484-89 Email SHALLO	6-7822 DN.HAND@OLYM	PUS.COM
	AMORY , MS 38821	Information Invoice Date (Due Date) Delivery No.	05/23/2018 (0 83035082)6/22/2018)
Sold-To	20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Ref Sales Order No. Customer PO No. Payer No. Currency	7581466 (05/2 00902 20040653 USD	22/2018)
Attn:		Terms of Payment Incoterm Requested By	Net 30 Days FOB - SHIPPIN HOSPITAL PUI	
		 Freight	;	2.7
		Net Value		1,138.4
		Total Before Tax Tax	:	1,141.2 0.0
		Total Amount (USD)		1,141.2:
Notes Please no Tracking	ote that the correct address for Olympus is: 3 #: 443756547225 - Fedex Next Day AM, 44	3500 Corporate Parkway, 0 3756547589 - Fedex 2nd	Center Valley, PA Day	. 18034.

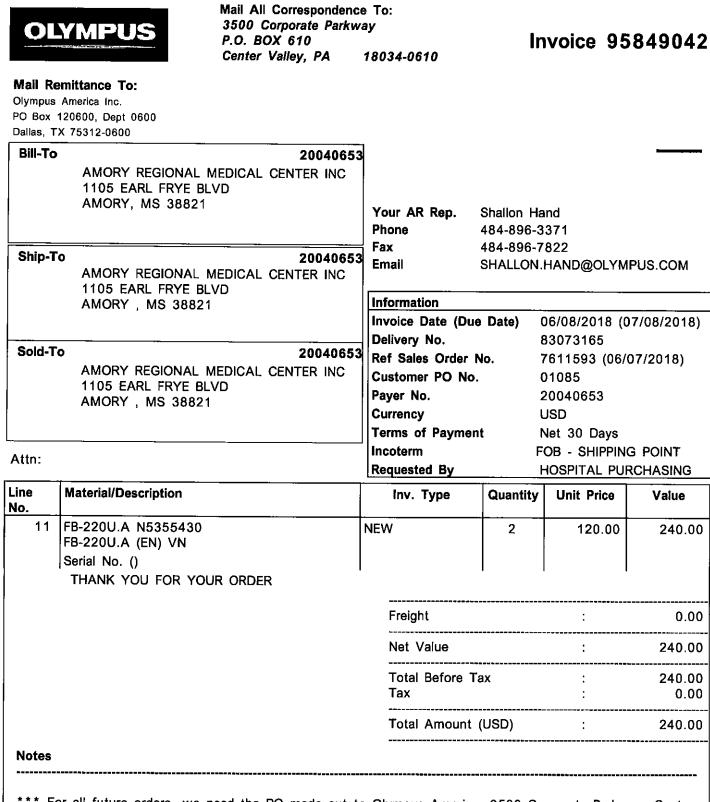
Page 2 of 2 The terms and conditions contained on the reverse side (or if email or fax will be the last page) hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

Olympus	emittance To: America Inc.	Center Valley, PA	18034-0610			
	120600, Dept 0600 X 75312-0600					
Bill-To		2004065 MEDICAL CENTER INC .VD	Your AR Rep. Phone	Shallon Ha 484-896-3	371	
Ship-T		2004065 MEDICAL CENTER INC .VD	Fax 3 Email	484-896-7 SHALLON.	'822 HAND@OLYM	PUS.COM
	AMORY , MS 3882		Information Invoice Date (Due Delivery No.		06/06/2018 (0 83066899	7/06/2018)
Sold-T	-		³³ Ref Sales Order Customer PO No Payer No. Currency Terms of Paymer	No	7606484 (06/(01047 20040653 USD Net 30 Days	
Attn:			Incoterm Requested By	F	OB - SHIPPING	
.ine No.	Material/Description		Inv. Type	Quantity		Value
11	SD-240U-15 N3642830 SD-240U-15 SNAREMA DISP Serial No. () THANK YOU FOR YOU	STER SOFT 15MM	NEW	2	81.00	162.0
			 Freight		:	0.0
			Net Value		:	162.00
			 Total Before Т Tax	ax	 : : :	162.00 0.00
			Total Amount		:	162.00
Notes						

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.

Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 2 of 40



*** 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.

Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 3

U	YMPUS P.O. BOX 610 Center Valley, PA	18034-0610	In	voice 95	856155
Olympus PO Box	mittance To: America Inc. I20600, Dept 0600 X 75312-0600				
Bill-To Ship-T		Your AR Rep. Phone Fax	Shallon Ha 484-896-3 484-896-7 SHALLON.	371	PUS.COM
Sold-T	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 2004065	Information Invoice Date (Due Delivery No.		06/11/2018 (0 83075460	,
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Ref Sales Order N Customer PO No. Payer No. Currency Terms of Paymen	(; t	7613472 (06/0 01094 20040653 USD Net 30 Days	·
Attn:		Incoterm Requested By		OB - SHIPPING	
.ine 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. () THANK YOU FOR YOUR ORDER	NEW	5	145.92	729.60
		 Freight		;	2.75
		Net Value		:	891.60
		Total Before Ta Tax	ах	: : :	894.35 0.00

Page 4

Diympus America Inc. 20 Box 120600, Dept 0600 Daillas, TX 75312-0600 Bill-To AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Ship-To Ship-To Sold-To Sold-To Sold-To Sold-To AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Sold-To	MEDICAL CENTER INC .VD Your AR Rep. Shallon Hand Phone 484-896-3371 Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM MEDICAL CENTER INC Information 20040653 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	Mail Rem	ittance To:			
balles, 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 Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Information Invoice Date (Due Date) 06/11/2018 (07/11 Delivery No. 83075460 Ref Sales Order No. 7613472 (06/08/20 Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA Notes **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O	MEDICAL CENTER INC .VD Your AR Rep. Shallon Hand Phone 484-896-3371 Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM MEDICAL CENTER INC Information .VD 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	Dympus Ar	merica Inc.			
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Ship-To 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 REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Linformation Invoice Date (Due Date) 06/11/2018 (07/11 Delivery No. 83075460 Ref Sales Order No. 7613472 (06/08/20 Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA Notes **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O Valley, PA 18034.	MEDICAL CENTER INC .VD Your AR Rep. Shallon Hand Phone 484-896-3371 Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM MEDICAL CENTER INC Information .VD 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		-			
1105 EARL FRYE BLVD AMORY, MS 38821 Your AR Rep. Shallon Hand Phone Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Fax 484-896-7822 Information Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS. Information Invoice Date (Due Date) 06/11/2018 (07/11 Delivery No. 83075460 Ref Sales Order No. 7613472 (06/08/20 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Information Intr: 20040653 AMORY, MS 38821 Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O Valley, PA 18034.	.VD Your AR Rep. Shallon Hand Phone 484-896-3371 Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM MEDICAL CENTER INC Information 1 Invoice Date (Due Date) 06/11/2018 (07/11/2018 20040653 Ref Sales Order No. 7613472 (06/08/2018) MEDICAL CENTER INC Net Sales Order No. 01094 .VD Payer No. 20040653 Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By HOSPITAL PURCHASING	Bill-To		20040653		
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 REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Information Invoice Date (Due Date) 06/11/2018 (07/11 Delivery No. 83075460 Ref Sales Order No. 7613472 (06/08/20 Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA Notes **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O Valley, PA 18034.	20040653 MEDICAL CENTER INC VD 1 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					
Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Information Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Information Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Information Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 06/11/2018 (07/11 Delivery No. Sold-To 20040653 Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA Notes **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O	20040653 MEDICAL CENTER INC				Your AR Ren. Shallon	Hand
Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Information Invoice Date (Due Date) 06/11/2018 (07/11 Delivery No. 83075460 Ref Sales Order No. 7613472 (06/08/20 Customer PO No. 01094 Payer No. 20040653 AMORY , MS 38821 Customer PO No. Utn: USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O Valley, PA 18034.	20040653 Email SHALLON.HAND@OLYMPUS.COM WEDICAL CENTER INC Information Invoice Date (Due Date) 06/11/2018 (07/11/2018) 20040653 Information Invoice Date (Due Date) 06/11/2018 (07/11/2018) 20040653 Ref Sales Order No. 7613472 (06/08/2018) WEDICAL CENTER INC Output Output VD Information Information VD Information 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By HOSPITAL PURCHASING				-	
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Sold-To Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 ttn: ttn: **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O Valley, PA 18034.	MEDICAL CENTER INC Information 1 Information 20040653 Information MEDICAL CENTER INC No. VD 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	Phin To			Fax 484-890	6-7822
AMORY , MS 38821 Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 ttn: ttn: **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, C Valley, PA 18034.	Information 20040653 MEDICAL CENTER INC VD 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	Sub-10		MEDICAL CENTER INC	Email SHALLC	DN.HAND@OLYMPUS.COM
Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Notes HOSPITAL PURCHA *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Ovalley, PA 18034.	20040653 Delivery No. 83075460 MEDICAL CENTER INC No. 7613472 (06/08/2018) VD Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By HOSPITAL PURCHASING				Information	
Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Ovalley, PA 18034.	20040653 Ref Sales Order No. 7613472 (06/08/2018) MEDICAL CENTER INC Customer PO No. 01094 VD Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By HOSPITAL PURCHASING					•
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 ttn: ttn: **** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O Valley, PA 18034.	MEDICAL CENTER INC VD I MEDICAL CENTER INC VD I Customer PO No. 01094 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By HOSPITAL PURCHASING Net 30 Days Net 30	Sold-To		20040653	11 -	
1105 EARL FRYE BLVD AMORY , MS 38821 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA Notes *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, Ovalley, PA 18034.	VD Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By HOSPITAL PURCHASING need the PO made out to Olympus America, 3500 Corporate Parkway, Center		AMORY REGIONAL		The Sales Order NO.	· · · · · ·
AWORT , WS 38821 Currency USD Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA Notes *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, O Valley, PA 18034.	Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By HOSPITAL PURCHASING					
ttn: Incoterm FOB - SHIPPING PO Requested By HOSPITAL PURCHA Notes *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, 0 Valley, PA 18034.	need the PO made out to Olympus America, 3500 Corporate Parkway, Center		AMORY , MS 3882	1	-	
ttn: Requested By HOSPITAL PURCHA Notes	Requested By HOSPITAL PURCHASING				-	Net 30 Days
Image: Notes Image: Notes *** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, 0 Valley, PA 18034.	need the PO made out to Olympus America, 3500 Corporate Parkway, Center				'l	
*** For all future orders, we need the PO made out to Olympus America, 3500 Corporate Parkway, 0 Valley, PA 18034.		.ttn:		•		FOB - SHIPPING POINT
•						
		Notes * * * For Valley, F	PA 18034.		Requested By	HOSPITAL PURCHASING
		Notes * * * For Valley, F	PA 18034.		Requested By	HOSPITAL PURCHASING
		Notes * * * For Valley, F	PA 18034.		Requested By	HOSPITAL PURCHASING
		Notes * * * For Valley, F	PA 18034.		Requested By	HOSPITAL PURCHASING
		Notes * * * For √alley, F	PA 18034.		Requested By	HOSPITAL PURCHASING
		Notes * * * For /alley, F	PA 18034.		Requested By	HOSPITAL PURCHASING

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.

Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 5 of 40

Ol	Mail All Corresponder 3500 Corporate Park P.O. BOX 610 Center Valley, PA	way	lı	nvoice 95	868038
Olympus PO Box	emittance To: America Inc. 120600, Dept 0600 TX 75312-0600				
Bill-To	200406 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	53 Your AR Rep. Phone	Shallon Ha		
Ship-T	O 200406 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Fax Email Information	484-896-7 SHALLON		PUS.COM
Sold-T	O 2004068 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Invoice Date (Due Delivery No. 3 Ref Sales Order I Customer PO No. Payer No. Currency Terms of Paymen	No.	06/13/2018 (0 83083303 7620217 (06/ [.] 01114 20040653 USD Net 30 Days	,
Attn:		Incoterm Requested By	F	OB - SHIPPING	
Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10 20	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. () MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	125.16 26.04	250.32 104.16
		 Freight			2.75
		Net Value		 :	354.48
		Total Before Ta Tax	ax	 : :	357.23 0.00
		Total Amount			

	Center Valley, PA	18034-0610	Invoice 9586803
lail Rem	ittance To:		
lympus Ar			
	0600, Dept 0600 75312-0600		
Bill-To		-	
5111-10	2004065 AMORY REGIONAL MEDICAL CENTER INC	5	
	1105 EARL FRYE BLVD		
	AMORY, MS 38821	Your AR Rep. Shallon	Hond
		Phone 484-89	
		Fix 484-89	
Ship-To	2004065		N.HAND@OLYMPUS.COM
	AMORY REGIONAL MEDICAL CENTER INC		
	1105 EARL FRYE BLVD AMORY , MS 38821	Information	
	AMORT , MS 30021	Invoice Date (Due Date)	06/13/2018 (07/13/2018
		Delivery No.	83083303
Sold-To	2004065	Ref Sales Order No.	7620217 (06/13/2018)
	AMORY REGIONAL MEDICAL CENTER INC	Customer PO No.	01114
	1105 EARL FRYE BLVD	Payer No.	20040653
	AMORY , MS 38821	Currency	USD
		Terms of Payment	Net 30 Days
		-	•
		Incoterm	FOB - SHIPPING POINT
ttn: Notes		Requested By	DEBBY CAMPBELL
From Th System i ultimatel products apologize	ursday, July 5th to Friday, July 6th, Olympus n our distribution centers. This new system y allow us to best meet your needs. As a res from July 5-6th , with the exception of the o for any inconvenience this may cause you o #: 447095823220 - Fedex 2nd Day	Requested By will be implementing a new is intended to enhance busi ult, Olympus will not be sh chemicals used in our OER-	DEBBY CAMPBELL w Warehouse Management ness processes, and ipping medical or surgical
iotes from Th System i Iltimatel products pologize	n our distribution centers. This new system y allow us to best meet your needs. As a res from July 5-6th , with the exception of the e for any inconvenience this may cause you o	Requested By will be implementing a new is intended to enhance busi ult, Olympus will not be sh chemicals used in our OER-	DEBBY CAMPBELL w Warehouse Management ness processes, and ipping medical or surgical

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.

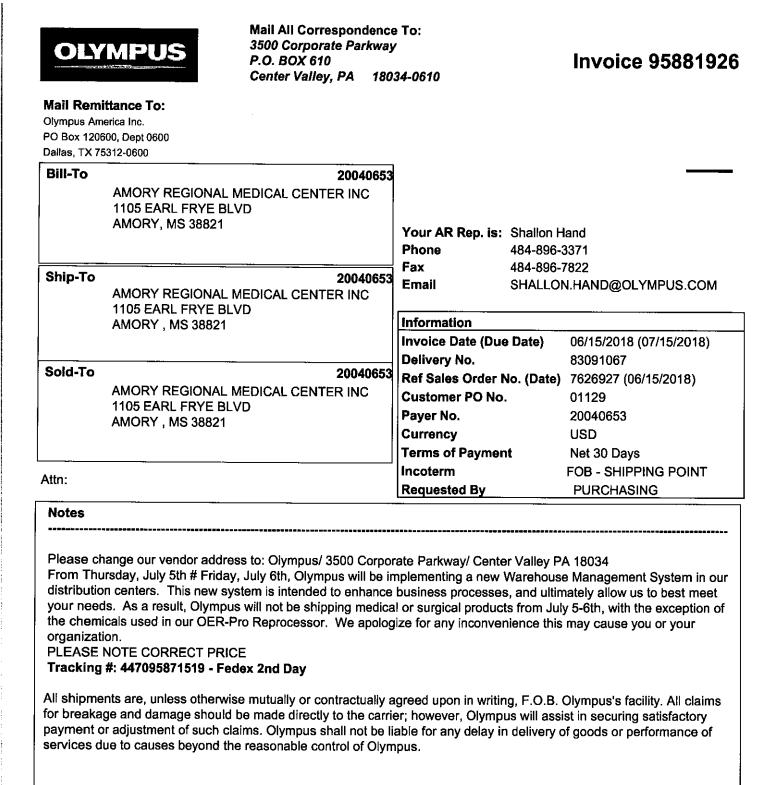
Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 of 40 Page 7



Mail Remittance To: Olympus America Inc.

PO Box 120600, Dept 0600 Dallas, TX 75312-0600

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	3 Your AR Rep. is:	Shallon H	and	
Ship-To	AMORY REGIONAL MEDICAL CENTER INC	Phone Fax	484-896-3 484-896-7	371	PUS.COM
	1105 EARL FRYE BLVD AMORY , MS 38821	Information Invoice Date (Due		06/15/2018 (07/	/15/2018)
Sold-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Delivery No. Ref Sales Order N Customer PO No. Payer No. Currency Terms of Paymen	lo. (Date)	83091067 7626927 (06/15 01129 20040653 USD Net 30 Days	5/2018)
Attn:		Incoterm Requested By		FOB - SHIPPING	
11	Material/Description 003276 003276 003276 UTERINE MANIP/INJECT. 4.5MM 12/bx Serial No. () THANK YOU FOR YOUR ORDER	Inv. Type NEW	Quantity	Unit Price 463.50	Value 463.5
		Freight			8.2
		Net Value		:	463.5
		Total Before Ta: Tax	x	:	471.7 0.0
		Total Amount (L	JSD)		471.7



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.



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

Mail All Correspondence To:

3500 Corporate Parkway P.O. BOX 610

Center Valley, PA 18034-0610

Bill-To	20040653	3	
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep Phone Fax Email	Shallon Hand 484-896-3371 484-896-7822 SHALLON.HAND@OLYMPUS.COM
Payer	20040653 AMORY REGIONAL MEDICAL CENTER INC	Information	
	1105 EARL FRYE BLVD	Invoice Date	06/17/2018
	AMORY, MS 38821	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
	Tatal Dat	0.00
	Total Due	2 0 1 1 1 9
		2,911.18

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Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 10 of 40

Valley, PA 20040653 CENTER INC 20040653 CENTER INC 20040653 CENTER INC	Your AR Rep. Phone Fax Email Information Invoice Date (Due Delivery No. Ref Sales Order M Customer PO No. Payer No. Currency Terms of Paymen Incoterm Requested By	e Date)	3371	97/18/2018) 18/2018) G POINT
CENTER INC 20040653 CENTER INC 20040653	Your AR Rep. Phone Fax Email Information Invoice Date (Due Delivery No. Ref Sales Order M Customer PO No. Payer No. Currency Terms of Paymen Incoterm Requested By	484-896-3 484-896-7 SHALLON. e Date) No.	3371 7822 .HAND@OLYM 06/18/2018 (0 83094622 7629472 (06/ 01134 20040653 USD Net 30 Days FOB - SHIPPING	97/18/2018) 18/2018) G POINT
CENTER INC 20040653	Email Information Invoice Date (Due Delivery No. Ref Sales Order M Customer PO No. Payer No. Currency Terms of Paymen Incoterm Requested By	SHALLON.	HAND@OLYM 06/18/2018 (0 83094622 7629472 (06/ 01134 20040653 USD Net 30 Days 50B - SHIPPING	97/18/2018) 18/2018) G POINT
	Delivery No. Ref Sales Order M Customer PO No. Payer No. Currency Terms of Paymen Incoterm Requested By	No. (. (.) . ; . ; . ; . ; . ; . ; . ; . ; . ; . ;	83094622 7629472 (06/ 01134 20040653 USD Net 30 Days FOB - SHIPPING	18/2018) Э роілт
	Requested By			
	Inv. Type	Quantity	T	Value
SETS/CASE	NEW	2	891.00 92.70	1,782.00 92.70
	 Freight		·	41.00
	—		· :	1,874.70
	Total Before Ta Tax	ax	:	1,915.70 0.00
		(USD)	;	1,915.70
	Case - 2L ea	S/Case - 2L ea Freight Net Value Total Before T Tax 	G/Case - 2L ea Freight Net Value Total Before Tax Tax Total Amount (USD)	S/Case - 2L ea Freight : Net Value : Total Before Tax :

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 AMORY ,	WIONAL MEDICAL CENTER INC FRYE BLVD 38821 20040653 IONAL MEDICAL CENTER INC Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM Information 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 th - Friday, July 6th, Olympus will be implementing a new Warehouse Management ion centers. This new system is intended to enhance business processes, and best meet your needs. As a result, Olympus will not be shipping medical or surgical ith, with the exception of the chemicals used in our OER-Pro Reprocessor. We	Mympus America Inc. O Box 120600, Dept 0600 Ballas, TX 75312-0600 20040653 Bill-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Your AR Rep. Shallon Hand Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.CC 1105 EARL FRYE BLVD Information AMORY, MS 38821 Information Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Customer PO No. 01134 Payer No. 20040653 Currency USD Itn: From Sof Payment Net 30 Days Incoterm FOB - SHIPPING POINt Requested By MALLORY WRIGHT Notes MALLORY WRIGHT		'MPUS	P.O. BOX 610 Center Valley, PA	18034-0610	Invoice 9588986
O Box 120600, Dept 0600 altas, 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 Information Invoice Date (Due Date) 06/18/2018 (07/18 Delivery No. 83094622 Ref Sales Order No. 7629472 (06/18/2 Customer PO No. 01134 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PC Requested By MALLORY WRIGHT Notes	WIONAL MEDICAL CENTER INC FRYE BLVD 38821 20040653 IONAL MEDICAL CENTER INC Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM Information 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	O Box 120600, Dept 0600 allas, 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 REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 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 Notes MALLORY WRIGHT From Thursday, July 5th - Friday, July 6th, Olympus will be implementing a new Warehouse Management System in our distribution centers. This new sy	fail Remi	ittance To:			
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AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 Ship-To Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Sold-To Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 tin: tin: Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PC Requested By MALLORY WRIGHT Notes From Thursday, July 5th - Friday, July 6th, Olympus will be implementing a new Warehouse Managen System in our distribution centers. This new system is intended to enhance business processes, and	WIONAL MEDICAL CENTER INC FRYE BLVD 38821 20040653 IONAL MEDICAL CENTER INC Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM Information 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	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.CC 1105 EARL FRYE BLVD AMORY, MS 38821 Information Invoice Date (Due Date) 06/18/2018 (07/18/2018 Customer PO No. 01134 Payer 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 Notes From Thursday, July 5th - Friday, July 6th, Olympus will be implementing a new Warehouse Managemen 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 surgic products from July 5-6th, with the exception of the chemicals used in our CER-Pro Reprocessor. We apologize for any inconvenience this may cause you or your organization. *** For all future orders, we r the PO made out to Olympus America, 3500 Corporate Pky, Center Valley PA 18034.		75312-0600		1	
1105 EARL FRYE BLVD AMORY, MS 38821 Your AR Rep. Shallon Hand Phone Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Fax 484-896-7822 Sold-To 20040653 Shiper No. Shiper No. AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Information Sold-To 20040653 Ref Sales Order No. 7629472 (06/18/2) Customer PO No. 01134 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING PC Requested By MALLORY WRIGHT Notes System in our distribution centers. This new system is intended to enhance business processes, and	FRYE BLVD 38821 Your AR Rep. Shallon Hand Phone 484-896-3371 Fax 484-896-7822 Email SHALLON.HAND@OLYMPUS.COM IONAL MEDICAL CENTER INC Information S 38821 Information 20040653 Ref Sales Order No. 7629472 (06/18/2018) Customer PO No. 01134 Payer No. 20040653 Customer PO No. S 38821 USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By MALLORY WRIGHT	1105 EARL FRYE BLVD AMORY, MS 38821 Ship-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Fax 484-896-7822 Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Information Sold-To 20040653 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Information Wore REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821 Customer PO No. 01134 Payer No. 20040653 Currency USD Terms of Payment Net 30 Days Incoterm FOB - SHIPPING POINT Requested By MALLORY WRIGHT MALLORY WRIGHT Notes 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 surgic products from July 5-6th, with the exception of the chemicals used in our OER-Pro Reprocessor. We pologize for any inconvenience this may cause you or your organization. *** For all future orders, we r he PO made out to Olympus America, 3500 Corporate Pky, Center Valley PA 18034.	Bill-To				
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			lotes from The System i Itimately products pologize he PO n	in our distribution cent y allow us to best me from July 5-6th, with a for any inconvenience nade out to Olympus	ers. This new system is et your needs. As a resu- the exception of the cl this may cause you or America, 3500 Corporate	Requested By will be implementing a intended to enhance b ult, Olympus will not b nemicals used in our Ol your organization. *** e Pky, Center Valley PA	MALLORY WRIGHT new Warehouse Management ousiness processes, and e shipping medical or surgical ER-Pro Reprocessor. We * For all future orders, we nee A 18034.
			form The System i Itimately products pologize he PO n	in our distribution cent y allow us to best me from July 5-6th, with a for any inconvenience nade out to Olympus	ers. This new system is et your needs. As a resu- the exception of the cl this may cause you or America, 3500 Corporate	Requested By will be implementing a intended to enhance b ult, Olympus will not b nemicals used in our Ol your organization. *** e Pky, Center Valley PA	MALLORY WRIGHT new Warehouse Management ousiness processes, and e shipping medical or surgical ER-Pro Reprocessor. We * For all future orders, we nee A 18034.
			form The System i Itimately products pologize he PO n	in our distribution cent y allow us to best me from July 5-6th, with a for any inconvenience nade out to Olympus	ers. This new system is et your needs. As a resu- the exception of the cl this may cause you or America, 3500 Corporate	Requested By will be implementing a intended to enhance b ult, Olympus will not b nemicals used in our Ol your organization. *** e Pky, Center Valley PA	MALLORY WRIGHT new Warehouse Management ousiness processes, and e shipping medical or surgical ER-Pro Reprocessor. We * For all future orders, we nee A 18034.
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			Totes From The System i Iltimately products pologize he PO n	in our distribution cent y allow us to best me from July 5-6th, with a for any inconvenience nade out to Olympus	ers. This new system is et your needs. As a resu- the exception of the cl this may cause you or America, 3500 Corporate	Requested By will be implementing a intended to enhance b ult, Olympus will not b nemicals used in our Ol your organization. *** e Pky, Center Valley PA	MALLORY WRIGHT new Warehouse Management ousiness processes, and e shipping medical or surgical ER-Pro Reprocessor. We * For all future orders, we nee A 18034.
			Totes From The System i Iltimately products pologize he PO n	in our distribution cent y allow us to best me from July 5-6th, with a for any inconvenience nade out to Olympus	ers. This new system is et your needs. As a resu- the exception of the cl this may cause you or America, 3500 Corporate	Requested By will be implementing a intended to enhance b ult, Olympus will not b nemicals used in our Ol your organization. *** e Pky, Center Valley PA	MALLORY WRIGHT new Warehouse Management ousiness processes, and e shipping medical or surgical ER-Pro Reprocessor. We * For all future orders, we nee A 18034.

Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 12 of 40

dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

20040653 TER INC 20040653 TER INC 20040653 TER INC	Your AR Rep. Phone Fax Email Information Invoice Date (Dur Delivery No. Ref Sales Order Customer PO No Payer No. Currency Terms of Paymer Incoterm Requested By	e Date) (8 No. 7 . (2	371	7/20/2018) 19/2018)
TER INC 20040653 TER INC 20040653 TER INC	Phone Fax Email Information Invoice Date (Dur Delivery No. Ref Sales Order Customer PO No Payer No. Currency Terms of Paymer Incoterm Requested By	484-896-3 484-896-7 SHALLON. e Date) (8 No. 5 . (2 . (1 . (1	371 822 HAND@OLYMI 06/20/2018 (0 83099022 7633118 (06/1 00976 20040653 JSD Net 30 Days OB - SHIPPING	7/20/2018) 19/2018)
20040653 TER INC 20040653 TER INC	Email Information Invoice Date (Due Delivery No. Ref Sales Order Customer PO No Payer No. Currency Terms of Paymer Incoterm Requested By	SHALLON. e Date) (No. 7 . (L L It	HAND@OLYMI 06/20/2018 (0 83099022 7633118 (06/1 00976 20040653 JSD Net 30 Days OB - SHIPPING	7/20/2018) 19/2018)
20040653 TER INC	Ref Sales Order Customer PO No Payer No. Currency Terms of Paymer Incoterm Requested By	No. 7 , () 1 ht N	7633118 (06/1 00976 20040653 JSD Net 30 Days OB - SHIPPING	
	Requested By	F		9 POINT
_				
	Inv. Type	Quantity	Unit Price	Value
/btl	NEW	3	81.00	243.00
00X)	NEW	1	2,675.00	2,675.00
	Freight		:	19.25
	Net Value		:	2,918.00
	Total Before T Tax	ax	:	2,937.25 0.00
		(USD)	:	2,937.25
		Freight Net Value Total Before T Tax	Freight Net Value Total Before Tax Tax Total Amount (USD)	Freight : Net Value : Total Before Tax : Tax

Mail Rem	ittance To:			
lympus Ar				
	0600, Dept 0600 75312-0600			
Bill-To		20040653	ו	
	AMORY REGIONAL M	IEDICAL CENTER INC		
	1105 EARL FRYE BL			
	AMORY, MS 38821		Your AR Rep. Shallo	on Hand
			•	396-3371
Chin To			Fax 484-8	396-7822
Ship-To	AMORY REGIONAL M	20040653	Email SHAL	LON.HAND@OLYMPUS.COM
	1105 EARL FRYE BL		· · · · · · · · · · · · · · · · · · ·	
	AMORY , MS 38821		Information	
			Invoice Date (Due Date	· · · · · · · · · · · · · · · · · · ·
Sold-To		20040653	Delivery No.	83099022
	AMORY REGIONAL N		Ref Sales Order No. Customer PO No.	7633118 (06/19/2018) 00976
	1105 EARL FRYE BL	/D	Payer No.	20040653
	AMORY , MS 38821		Currency	USD
			Terms of Payment	Net 30 Days
44			Incoterm	FOB - SHIPPING POINT
ttn:			Requested By	PURCHASING
Notes From The System i	ursday, July 5th # Frid n our distribution cente	ay, July 6th, Olympus v ers. This new system is	will be implementing a no s intended to enhance bu	ew Warehouse Management usiness processes, and
From The System is ultimately products apologize	n our distribution cente / allow us to best mee from July 5-6th, with p for any inconvenience	ers. This new system is it your needs. As a res the exception of the ch this may cause you or	s intended to enhance bu sult, Olympus will not be remicals used in our OER	shipping medical or surgical R-Pro Reprocessor. We

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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.

OL	VMPHS	Mail All Correspondence 3500 Corporate Parkw P.O. BOX 610 Center Valley, PA		In	voice 95	902369
Olympus PO Box	mittance To: America Inc. 120600, Dept 0600 X 75312-0600					
Bill-To	AMORY REGIONAL MI 1105 EARL FRYE BLV AMORY, MS 38821		Your AR Rep.	Shallon Ha 484-896-3		
Ship-T	O AMORY REGIONAL MI 1105 EARL FRYE BLV AMORY, MS 38821			484-896-7 SHALLON.	822 HAND@OLYM	PUS.COM
Sold-Te			Invoice Date (Due Delivery No. Ref Sales Order N Customer PO No. Payer No. Currency Terms of Paymen	lo.	06/20/2018 (0 33099574 7633264 (06/ 01192 20040653 JSD Net 30 Days	
Attn:			Incoterm Requested By	F	OB - SHIPPIN HOSPITAL PUI	
Line No.	Material/Description		Inv. Type	Quantity	Unit Price	Value
11 41	ACECIDE-C U3018134 ACECIDE-C PERACETIC A Serial No. () ENDOQUICK U2908143	ACID 6 SETS/CASE	NEW	2	891.00 92.70	1,782.00
43	ENDOQUICK DETERGENT Serial No. () MAJ-1652 K10020736 MAJ-1652 DISPOSABLE		NEW	1	429.60	429.60
45	ADAPTOR Serial No. () MAJ-1651 K10023086 MAJ-1651 DISPOSABLE WATER TU Serial No. ()	AUX CHANNEL	NEW	2	145.92	. 291.84
	THANK YOU FOR YOUF	R ORDER				

Page 15

	P.O. BOX 610 Center Valley, PA	18034-0610	Invoice 9	090790
	ttance To:			
lympus Am O Box 1200	erica Inc. 600, Dept 0600			
allas, TX 7				
Bill-To	20040653	3		
	AMORY REGIONAL MEDICAL CENTER INC			
	1105 EARL FRYE BLVD AMORY, MS 38821			
		Your AR Rep. Shallon		
		Phone 484-890		
Ship-To	20040653		0-7822)N.HAND@OLYN	APUS COM
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD			
	AMORY , MS 38821	Information		
	· · · · · ·	Invoice Date (Due Date)	06/20/2018 (07/20/2018
Sold-To		Delivery No.	83099574	
50IQ-1 Q	20040653 AMORY REGIONAL MEDICAL CENTER INC	The Sales Office No.	7633264 (06	/19/2018)
	1105 EARL FRYE BLVD	Customer PO No.	01192	
	AMORY, MS 38821	Payer No.	20040653	
		Currency Terms of Payment	USD Net 30 Days	
-		Incoterm	FOB - SHIPPIN	IG POINT
ttn:		Requested By	HOSPITAL PU	
	a			
		Freight	:	57.0
		Net Value		2,781.5
		Total Before Tax	:	2,838.54
		Тах 	:	0.0
		Total Amount (USD)	:	2,838.5
Notes			T9883#8888444==========	

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.

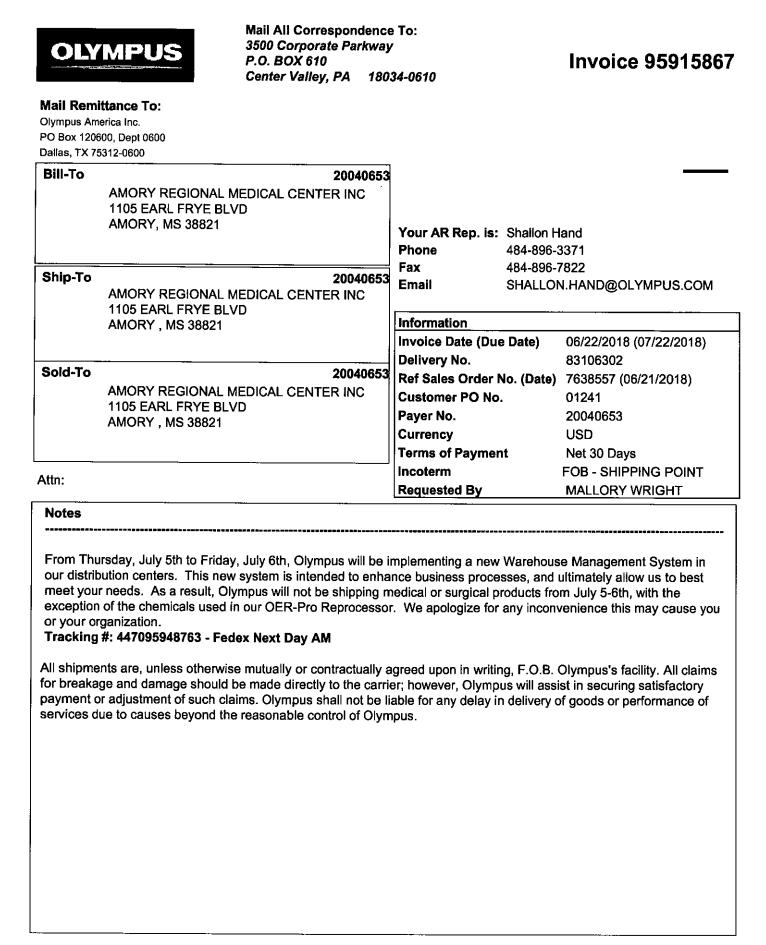
Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 16 of 40



Mail Remittance To:

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	3			
	AMORY, MS 38821	Your AR Rep. is:	Shallon Ha	and	
		Phone	484-896-3	371	
Ship-To	> 2004065	Fax	484-896-7		
omp-re	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Email	SHALLON	I.HAND@OLYM	PUS.COM
	AMORY , MS 38821	Information			
		Invoice Date (Due	e Date)	06/22/2018 (07/	/22/2018)
<u> </u>		Delivery No.		83106302	
Sold-To		Ref Sales Order I	No. (Date)	7638557 (06/21	/2018)
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	Customer PO No.		01241	
	AMORY, MS 38821	Payer No.		20040653	
		Currency		USD	
		Terms of Paymer	it	Net 30 Days	
Attn:		Incoterm		FOB - SHIPPIN	G POINT
.		Requested By		MALLORY WR	IGHT
ina Na	Material/Description	Inv. Type	Quantity	Unit Price	Value
.me no.			wuanning	UnitFrice	Value
11	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	81.00	
	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW Freight	2	81.00	162.00
	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW Freight Net Value	2	81.00	162.00 0.00 162.00
	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW Freight Net Value	2	81.00	162.00 0.00 162.00
	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW Freight Net Value Total Before Ta Tax	2 	81.00	162.00 0.00 162.00 162.00 0.00



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.

OL	Mail All Corres 3500 Corporate P.O. BOX 610	e Parkwa		Ir	voice 95	5935109
Olympus PO Box	Center Valley, emittance To: America Inc. 120600, Dept 0600 X 75312-0600	PA 1	18034-0610			
Bill-To	20 AMORY REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821	0040653 R INC	Phone	Shallon Ha 484-896-3 484-896-7	3371	
Ship-T	O 20 AMORY REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY, MS 38821	1040653 R INC		SHALLON.	HAND@OLYM	
Sold-T	O 20 AMORY REGIONAL MEDICAL CENTER 1105 EARL FRYE BLVD AMORY , MS 38821	9 040653 R INC	Delivery No. Ref Sales Order M Customer PO No. Payer No. Currency Terms of Paymen	lo. : t	83116497 7647212 (06/ 01310 20040653 USD Net 30 Days	·
Attn:			Incoterm Requested By	F	OB - SHIPPIN PURCHASING	
_ine No.	Material/Description		Inv. Type	Quantity	Unit Price	Value
11	BW-412T N3640820 BW-412T DISP COMBO CLEANING BRU Serial No. () THANK YOU FOR YOUR ORDER		NEW	4	95.00	380.00
			 Freight	********	:	0.00
			Net Value		;	380.00
			Total Before Ta Tax		:	380.00 0.00
			Total Amount	(USD)	:	380.00

	MPUS P.O. BOX 610 Center Valley,			Invoice 95935109
Diympus An PO Box 12(ttance To: herica Inc. 600, Dept 0600 5312-0600			
Bill-To	2 AMORY REGIONAL MEDICAL CENTE 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Phone	484-896	6-3371
Ship-To	2 AMORY REGIONAL MEDICAL CENTE 1105 EARL FRYE BLVD			N.HAND@OLYMPUS.COM
	AMORY , MS 38821	Information Invoice D Delivery	ate (Due Date)	06/27/2018 (07/27/2018) 83116497
Sold-To	2 AMORY REGIONAL MEDICAL CENTE 1105 EARL FRYE BLVD AMORY , MS 38821	0040653 Ref Sales R INC Customer Payer No Currency	Order No. PO No.	7647212 (06/26/2018) 01310 20040653 USD Net 30 Days
Attn:		Incoterm Requeste	d Bv	FOB - SHIPPING POINT PURCHASING
System i ultimately products apologize backorde assist yo Center V	ursday, July 5th - Friday, July 6th, O n our distribution centers. This new s v allow us to best meet your needs. A from July 5-6th, with the exception for any inconvenience this may caus r. For more info, please call 800-848- u. For all future orders, we need the alley PA 18034. #: 447096006438 - Fedex Next Day	ystem is intended the As a result, Olympu of the chemicals us e you or your orga 9024 and any one PO made out to O	o enhance busing s will not be shi ed in our OER-Pi nization. *** Iter of our Customer	ess processes, and pping medical or surgical ro Reprocessor. We m 7501357 is on • Service Reps will gladly

Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 20 of 40

- Shallon H 484-896-3 484-896-3	3371	
484-896-3 484-896-3	3371 7822	'US.COM
		US.COM
ler No. No.	06/28/2018 (07 83120006 7647212 (06/2 01310 20040653 USD Net 30 Days	·
, ,	FOB - SHIPPING PURCHASING	
Quantity	Unit Price	Value
2	73.03	146.06
		0.00
		146.06
	:	146.06 0.00
	***************************************	146.06
	fore Tax nount (USD)	fore Tax

Mail Dam	Center Valley, PA		
Nan Kenn Nympus An			
	0600, Dept 0600		
	75312-0600		
Bill-To			
	AMORY REGIONAL MEDICAL CENTER IN 1105 EARL FRYE BLVD		
	AMORY, MS 38821	Vous AD Don C	hellen Lland
		•	hallon Hand 84-896-3371
			84-896-7822
Ship-To	20040	653 Email S	HALLON.HAND@OLYMPUS.COM
	AMORY REGIONAL MEDICAL CENTER IN 1105 EARL FRYE BLVD	C	Ū.
	AMORY , MS 38821	Information	
		Invoice Date (Due	Date) 06/28/2018 (07/28/2018
Sold-To	00010	Delivery No.	83120006
3010-10	20040 AMORY REGIONAL MEDICAL CENTER IN	~ Ref Sales Urder No	· · · · · · · · · · · · · · · · · · ·
	1105 EARL FRYE BLVD		01310
	AMORY, MS 38821	Payer No.	20040653
		Currency	USD Not. 20. David
		Terms of Payment	Net 30 Days FOB - SHIPPING POINT
		LINCOTOFM	
ttn:		Incoterm Requested By	
Notes		Requested By	PURCHASING
System i ultimately products apologize backorde assist yo Center V	ursday, July 5th - Friday, July 6th, Olympa n our distribution centers. This new syster y allow us to best meet your needs. As a from July 5-6th, with the exception of th e for any inconvenience this may cause you r. For more info, please call 800-848-9024 u. For all future orders, we need the PO r alley PA 18034. #: 447096028031 - Fedex 2nd Day	Requested By us will be implementing an is intended to enhance result, Olympus will not e chemicals used in our u or your organization. * and any one of our Cu	PURCHASING a new Warehouse Managemen e business processes, and be shipping medical or surgica OER-Pro Reprocessor. We ** Item 7501357 is on ustomer Service Reps will glad
From The System i Jultimately products apologize packorde assist yo Center V	n our distribution centers. This new syster y allow us to best meet your needs. As a from July 5-6th, with the exception of th e for any inconvenience this may cause you r. For more info, please call 800-848-9024 u. For all future orders, we need the PO r alley PA 18034.	Requested By us will be implementing an is intended to enhance result, Olympus will not e chemicals used in our u or your organization. * and any one of our Cu	PURCHASING a new Warehouse Management business processes, and be shipping medical or surgical OER-Pro Reprocessor. We ** Item 7501357 is on ustomer Service Reps will gladly
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From The System i Jultimately products apologize packorde assist yo Center V	n our distribution centers. This new syster y allow us to best meet your needs. As a from July 5-6th, with the exception of th e for any inconvenience this may cause you r. For more info, please call 800-848-9024 u. For all future orders, we need the PO r alley PA 18034.	Requested By us will be implementing an is intended to enhance result, Olympus will not e chemicals used in our u or your organization. * and any one of our Cu	PURCHASING a new Warehouse Management business processes, and be shipping medical or surgical OER-Pro Reprocessor. We ** Item 7501357 is on ustomer Service Reps will gladly
From The System i Jultimately products apologize packorde assist yo Center V	n our distribution centers. This new syster y allow us to best meet your needs. As a from July 5-6th, with the exception of th e for any inconvenience this may cause you r. For more info, please call 800-848-9024 u. For all future orders, we need the PO r alley PA 18034.	Requested By us will be implementing an is intended to enhance result, Olympus will not e chemicals used in our u or your organization. * and any one of our Cu	PURCHASING a new Warehouse Management business processes, and be shipping medical or surgical OER-Pro Reprocessor. We ** Item 7501357 is on ustomer Service Reps will gladly
From The System i ultimately products apologize packorde assist yo Center V	n our distribution centers. This new syster y allow us to best meet your needs. As a from July 5-6th, with the exception of th e for any inconvenience this may cause you r. For more info, please call 800-848-9024 u. For all future orders, we need the PO r alley PA 18034.	Requested By us will be implementing an is intended to enhance result, Olympus will not e chemicals used in our u or your organization. * and any one of our Cu	PURCHASING a new Warehouse Management business processes, and be shipping medical or surgical OER-Pro Reprocessor. We ** Item 7501357 is on ustomer Service Reps will gladly

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.

OL	Mail All Correspondence 3500 Corporate Parkw P.O. BOX 610		Ir	nvoice 95	0/2108
	Center Valley, PA	18034-0610			JJ42 JC
Olympus PO Box 1	emittance To: America Inc. 120600, Dept 0600 X 75312-0600				
Bill-To		Your AR Rep. Phone	Shallon Ha 484-896-3	3371	
Ship-T	O 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	³ Email	484-896-7 SHALLON	7822 .HAND@OLYM	PUS.COM
	AMORY, MS 38821	Information Invoice Date (Due Delivery No.	•	06/28/2018 (0 83120007)7/28/2018)
Sold-To	O 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Customer PO No. Payer No. Currency Terms of Paymen	t	7649252 (06/ 01323 20040653 USD Net 30 Days	,
Attn:		Incoterm Requested By		OB - SHIPPIN	
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	₩ 84 8 & 00	:	19.25
		Net Value		· · · · · ·	2,675.00
		Total Before Ta Tax	ах Эх	:	2,694.25 0.00
		Total Amount	(USD)	•	2,694.25

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Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 23 of 40

		P.O. BOX 610 Center Valley, PA	18034-0610	Invoice 9594219
Mail Rem	ittance To:			
lympus Ar				
	0600, Dept 0600 75312-0600			
Bill-To			1	
DIII-10		20040653		
	1105 EARL FRYE B	MEDICAL CENTER INC		
	AMORY, MS 38821			
	•		•	on Hand
				96-3371
Ship-To		20040653		96-7822 LON.HAND@OLYMPUS.COM
		MEDICAL CENTER INC		LON. HANDWOLFWFUS.COM
	1105 EARL FRYE B		Information	
	AMORY , MS 3882	1		N 00/20/0040 /07/00/0040
			Invoice Date (Due Date	
Sold-To		20040653	Delivery No. Ref Sales Order No.	83120007
	AMORY REGIONAL	MEDICAL CENTER INC	Rei Sales Order No.	7649252 (06/27/2018)
	1105 EARL FRYE B		Customer PO No.	01323
	AMORY , MS 3882	1	Payer No.	20040653
			Currency	USD
			Terms of Payment	Net 30 Days FOB - SHIPPING POINT
				FUR - SHIPPING POINT
ttn:				
Notes	ursday, July 5th # Fr	iday, July 6th, Olympus	Requested By	HOSPITAL PURCHASING
Notes From The System i ultimately products apologize Please ch	n our distribution cen y allow us to best ma from July 5-6th, wit a for any inconveniend	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING ew Warehouse Management usiness processes, and shipping medical or surgical
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best ma from July 5-6th, wit e for any inconveniend nange your vendor inf	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical P-Pro Reprocessor. We
From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical P-Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We
Notes From The System i ultimately products apologize Please ch VALLEY,	n our distribution cen y allow us to best me from July 5-6th, wit e for any inconveniend nange your vendor inf PA 18034	ters. This new system is eet your needs. As a res h the exception of the ch ce this may cause you or formation to the following	Requested By will be implementing a ne s intended to enhance bu sult, Olympus will not be nemicals used in our OER your organization.	HOSPITAL PURCHASING w Warehouse Management usiness processes, and shipping medical or surgical Pro Reprocessor. We

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Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 24 of 40

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

Bill-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	3			
	AMORT, MS 36621		484-896-3	371	
Ship-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD		484-896-76 SHALLON	822 .HAND@OLYM	PUS.COM
	AMORY , MS 38821	Information Invoice Date (Due Delivery No.	•	06/29/2018 (07/ 83123664	29/2018)
Sold-To	2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821		o. (Date)		/2018)
Attn:		Incoterm Requested By		OB - SHIPPING	
11 F F S	Material/Description B-220U.A N5355430 B-220U.A (EN) VN Serial No. () THANK YOU FOR YOUR ORDER	Inv. Type NEW	Quantity 2	Unit Price 120.00	Value 240.0
		Freight		:	0.0
		Net Value		;	240.0
		Total Before Tax Tax	ĸ	:	240.00 0.00
		Total Amount (L	ISD)		240.0

Page 1 of 2



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.

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.

	Center Valley, PA	18034-0610			
	emittance To: America Inc.				
PO Box	120600, Dept 0600				
	X 75312-0600	7			
Bill-To	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	3			
	AMORY, MS 38821	Your AR Rep.	Shallon Ha	and	
		Phone	484-896-3		
Ship-T	2004055	Fax	484-896-7	822	
Quib-1	O 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD		SHALLON.	HAND@OLYMF	PUS.COM
	AMORY , MS 38821	Information			
		Delivery No.	-	07/02/2018 (08 83126607	8/01/2018;
Sold-T	o 2004065			7655416 (06/2	9/2018)
	AMORY REGIONAL MEDICAL CENTER INC	Customer PO No		01362	.0/2010)
	1105 EARL FRYE BLVD AMORY , MS 38821	Payer No.	:	20040653	
		Currency	ι	JSD	
		Terms of Paymer		Net 30 Days	
Attn:		Incoterm	F	OB - SHIPPING	9 POINT
<u> </u>		Requested By		PURCHASING	
.ine <u>lo.</u>	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
	THANK YOU FOR YOUR ORDER	1	I	I I	
		 Freight		:	0.0
		Freight Net Value		:	
				:	0.00 190.00 190.00 0.00

	P.O. BOX 610 Center Valley, PA	18034-0610	Invoice 95959043
lail Rem	ittance To:		
lympus Ar			
	0600, Dept 0600		
allas, TX	75312-0600		
Bill-To	2004065	3	
	AMORY REGIONAL MEDICAL CENTER INC		
	1105 EARL FRYE BLVD		
	AMORY, MS 38821	Your AR Rep.	Shallon Hand
		Phone	484-896-3371
Ship-To	2004065	Fax	484-896-7822
	AMORY REGIONAL MEDICAL CENTER INC	³ Email	SHALLON.HAND@OLYMPUS.COM
	1105 EARL FRYE BLVD		
	AMORY, MS 38821	Information	
		Invoice Date (Du	,
Sold-To	2004065	Delivery No.	83126607
	AMORY REGIONAL MEDICAL CENTER INC		
	1105 EARL FRYE BLVD	Customer PO No Payer No.	. 01362 20040653
	AMORY, MS 38821	Currency	20040653 USD
		Terms of Paymer	
			FOB - SHIPPING POINT
sttn:		Requested By	PURCHASING
Notes			
System i ultimatel products apologize the PO r	ursday, July 5th - Friday, July 6th, Olympus in our distribution centers. This new system i y allow us to best meet your needs. As a re- from July 5-6th, with the exception of the o e for any inconvenience this may cause you o nade out to Olympus America, 3500 Corpora #: 449767657533 - Fedex Next Day AM	s intended to enhan sult, Olympus will n chemicals used in ou or your organization.	ce business processes, and ot be shipping medical or surgical ur OER-Pro Reprocessor. We *** For all future orders, we need

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.

<u></u>	P.O. BOX 610 Center Valley, PA	18034-0610		voice 95	33304
	emittance To:				
	America Inc. 120600, Dept 0600				
	X 75312-0600	-			
Bill-To		3			
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD				
	AMORY, MS 38821	Vaux AD Da-	01 - 11 - 11 -		
			Shallon Ha 484-896-3		
<u></u>		Fax	484-896-7		
Ship-T	AMORY REGIONAL MEDICAL CENTER INC	³ Email	SHALLON.	HAND@OLYM	PUS.COM
	1105 EARL FRYE BLVD AMORY,MS 38821	Information			
		Invoice Date (Due	-	07/02/2018 (0	8/01/2018
Sold-T	o 20040653	Delivery No. Ref Sales Order N		B3127449 7654609 (06/2	20/20491
AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821		Customer PO No.		034009 (0072 01353	29/2010)
		Payer No.		20040653	
		Currency		JSD	
		Terms of Paymen	t I	Net 30 Days	
Attn:		Incoterm	F	OB - SHIPPING	g point
		Requested By		MALLORY WR	IGHT
line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	TB-0535FC TB-0535FC	NEW	2	2,675.00	5,350.0
	THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. ()				
21	55565A-1 U3144923	NEW	3	59.13	177.3
	55565A-1 CABLE ADAPTER FOR MAVIGRAPH			55.15	111.5
	Serial No. ()				
	THANK YOU FOR YOUR ORDER				
		 Freight		 :	
		Net Value			5,527.3
		 Total Before T		 !	5,563.1
		Tax			0.0
		Total Amount	(USD)		5,563.1
Notes					

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.

Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 29 of 40



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: Phone Fax Email	Shallon Hand 484-896-3371 484-896-7822 SHALLON.HAND@OLYMPUS.COM
Ship-To	20040653 AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY , MS 38821	Information Credit Memo Date Credit Memo Req./I Original Sales #	7573129
Sold-To	20040653 AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY , MS 38821	Customer PO No. Payer # Currency Requested By	00853 20040653 USD 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			I	
		Freight			5.50
		Net Value		:	535.00
		Total Before T Tax	ax		540.50 0.00
		Total Credit A	nount (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.

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

Bill-To	20040653		
	AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep. is:ShallorPhone484-89Fax484-89EmailSHALL	6-3371
Ship-To	20040653		
	AMORY REGIONAL MEDICAL CENTER INC	Information Invoice Date (Due Date)	07/12/2019 (09/12/2019)
	DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD	Delivery No.	07/13/2018 (08/12/2018) 83152838
	AMORY, MS 38821	Ref Sales Order No. (Dat	
		Customer PO No.	01491
Sold-To	20040653	Payer No.	20040653
	AMORY REGIONAL MEDICAL CENTER INC	Currency	USD
	DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD	Terms of Payment	Net 30 Days
	AMORY, MS 38821	Incoterm	FOB - SHIPPING POINT
	-	Requested By	HOSPITAL PURCHASING

Attn:

SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. () 21 MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. () THANK YOU FOR YOUR ORDER Freight : Net Value : 4 Total Before Tax : 4 Tax :	Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
21 MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. () THANK YOU FOR YOUR ORDER NEW 2 145.92 2 Freight V Serial No. () .	11		NEW	2	81.00	162.00
MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. () THANK YOU FOR YOUR ORDER Freight : Net Value : 4 Total Before Tax : 4 Tax :		Serial No. ()				
THANK YOU FOR YOUR ORDER Freight Net Value Total Before Tax Tax	21	MAJ-1651 DISPOSABLE AUX CHANNEL WATER	NEW	2	145.92	291.84
Freight : 		Serial No. ()				
Net Value : 4 		THANK YOU FOR YOUR ORDER			I I	
Total Before Tax : 4 Tax :			Freight		:	0.00
Тах :			Net Value	************		453.84
Total Amount (USD) : 4				ах	:	453.84 0.00
			Total Amount (USD)	······································	453.84

Page 1 of 2



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	Fax 484	allon Hand 4-896-3371 4-896-7822 ALLON.HAND@OLYMPUS.COM
Ship-To	20040653		
	AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL	Information Invoice Date (Due Da	te) 07/13/2018 (08/12/2018)
	1105 EARL FRYE BLVD	Delivery No.	83152838
	AMORY , MS 38821	Ref Sales Order No. ((Date) 7676338 (07/13/2018)
Sold-To		Customer PO No.	01491
3010-10		Payer No.	20040653
	AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL	Currency	USD
	1105 EARL FRYE BLVD	Terms of Payment	Net 30 Days
	AMORY, MS 38821	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.

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.

OĽ	Mail All Correspondenc 3500 Corporate Parkw P.O. BOX 610 Center Valley, PA		In	voice 96	017556
Olympus PO Box 1	emittance To: America Inc. 120600, Dept 0600 X 75312-0600				
Bill-To	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD	3			
	AMORY, MS 38821	Your AR Rep.	Shallon Ha		
		Phone Fax	484-896-3 484-896-7		
Ship-To	O O			HAND@OLYM	PUS.COM
	AMORY , MS 38821	Information			
		Invoice Date (Du	•	07/16/2018 (0)8/15/2018)
Sold-Te	0 20040653	Delivery No. Ref Sales Order		33156141	40/0040
	AMORY REGIONAL MEDICAL CENTER INC	Customer PO No		7678896 (07/ 01502	16/2018)
	1105 EARL FRYE BLVD	Payer No.		20040653	
	AMORY , MS 38821	Currency	l	JSD	
		∐Terms of Payme		Net 30 Days	
Attn:		Incoterm		OB - SHIPPIN	
.ine		Requested By			
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	NEW	1	429.60	429.6
	Serial No. () THANK YOU FOR YOUR ORDER				
		Freight		:	0.0
		Net Value		:	1,792.60
		Total Before Tax	Tax	:	1,792.60 0.00
		Total Amount	t (USD)		1,792.6
Notes					

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.

Filed 01/15/19 Desc Attachment 2 of 40 Case 3:18-bk-05675 Claim 38-1 Part 3 Page 33

OL	YMPUS	Mail All Corresponden 3500 Corporate Park P.O. BOX 610 Center Valley, PA	way	Ir	voice 96	6017557
Olympus PO Box ⁻	mittance To: America Inc. 120600, Dept 0600 X 75312-0600					
Bill-To		2004065 MEDICAL CENTER INC VD	Your AR Rep. Phone Fax	Shallon Ha 484-896-3 484-896-7	3371	
Ship-T		2004065 MEDICAL CENTER INC VD	i3 Email		HAND@OLYN	IPUS.COM
	AMORY , MS 38821		Information Invoice Date (Du Delivery No.	-	07/16/2018 (i 83157580	08/15/2018)
Sold-T			³ Ref Sales Order Customer PO No Payer No. Currency Terms of Paymer		7680236 (07/ 01517 20040653 USD Net 30 Days	(16/2018)
Attn:			Incoterm Requested By	F	OB - SHIPPIN PURCHASING	
Line No.	Material/Description		Inv. Type	Quantity	Unit Price	Value
10	MAJ-822 6808400 MAJ-822 OER-PRO CHA FILTR Serial No. () THANK YOU FOR YOL		NEW	6	26.04	156.24
			Freight			2.75
			Net Value		:	156.24
			Total Before T Tax	āx.	:	158.99 0.00
			Total Amount	(USD)	:	158.99
Notes Trackin	ng #: 438710583873-Fe	dex 2nd Day	lotal Amount			

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. Filed 01/15/19 Desc Attachment 2 Page 34 of 40 Case 3:18-bk-05675 Claim 38-1 Part 3



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

Mail All Correspondence To:

3500 Corporate Parkway P.O. BOX 610

Center Valley, PA 18034-0610

Bill-To	20040653	3	
	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821	Your AR Rep Phone Fax Email	Shallon Hand 484-896-3371 484-896-7822 SHALLON.HAND@OLYMPUS.COM
Payer	20040653 AMORY REGIONAL MEDICAL CENTER INC	Information	
	1105 EARL FRYE BLVD	Invoice Date	07/17/2018
	AMORY, MS 38821	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	0.044.40
		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.

Case 3:18-bk-05675 Claim 38-1 Part 3 Filed 01/15/19 Desc Attachment 2 Page 35 of 40

OL	YMPUS P.O. BOX 610 Center Valley, PA	/ay 18034-0610	In	voice 96	036986
Olympus PO Box Dallas, T	emittance To: America Inc. 120600, Dept 0600 X 75312-0600	-			
Bill-To Ship-T	AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY, MS 38821 0 2004065 AMORY REGIONAL MEDICAL CENTER INC	Your AR Rep. Phone Fax	Shallon Ha 484-896-3 484-896-7 SHALLON.	371	PUS.COM
Sold-To	1105 EARL FRYE BLVD AMORY , MS 38821 O 2004065 AMORY REGIONAL MEDICAL CENTER INC 1105 EARL FRYE BLVD AMORY , MS 38821	Information Invoice Date (Due Delivery No. Ref Sales Order N Customer PO No. Payer No. Currency Terms of Paymen	No. (07/19/2018 (0 33165765 7686478 (07/ 01559 20040653 JSD Net 30 Days	·
Attn:		Incoterm Requested By	F	OB - SHIPPIN	-
Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11 20	BC-202D-2010 5841930 BC-202D-2010 DISP CYTO BRUSH 2.0MM CH Serial No. () TD-TB400 N3808740 TD-TB400 THUNDERBEAT Transducer Serial No. (9822162)	NEW	1	122.80 2,750.00	122.80 2,750.00
	THANK YOU FOR YOUR ORDER	I	İ		
		Freight		:	2.75
		Net Value		:	2,872.80
		Total Before Ta Tax	ax		2,875.55 0.00
			(USD)		

	MPUS	3500 Corporate Parkw P.O. BOX 610 Center Valley, PA	-	Invoice 9603698
Nympus Ar O Box 120	ittance To: nerica Inc. 0600, Dept 0600 75312-0600	, ,		
Bill-To	AMORY REGIONAL 1105 EARL FRYE BI AMORY, MS 38821	20040653 MEDICAL CENTER INC _VD	Your AR Rep. Phone	Shallon Hand 484-896-3371 484-896-7822
Ship-To	AMORY REGIONAL 1105 EARL FRYE BI AMORY , MS 3882			SHALLON.HAND@OLYMPUS.COM
Sold-To	AMORY REGIONAL 1105 EARL FRYE BI AMORY , MS 3882		Customer PO No. Payer No. Currency Terms of Paymen	01559 20040653 USD t Net 30 Days
Attn:			Incoterm Requested By	Fob - Shipping Point _ Purchasing
		d update your records ac		nd Day

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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.



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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	Fax 4	84-896-3 84-896-7	nallon Hand 34-896-3371 34-896-7822 HALLON.HAND@OLYMPUS.COM		
Ship-To	20040653		· ·			
	AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY , MS 38821	Information Invoice Date (Due D Delivery No. Ref Sales Order No.	•	07/20/2018 (08/19/2018) 83167567 7687896 (07/19/2018)		
Sold-To	20040653 AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY , MS 38821	Customer PO No. Payer No. Currency Terms of Payment Incoterm		01569 20040653 USD Net 30 Days 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	NEW	2	125.16	250.32
	Serial No. ()				
20	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR	NEW	6	26.04	156.24
	Serial No. ()				
	THANK YOU FOR YOUR ORDER	·		·	
		Freight		:	2.75
		Net Value		:	406.56
		Total Before T Tax	ax		409.31 0.00
		Total Amount	(USD)	:	409.31

Page 1 of 2



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:ShalPhone484-Fax484-	lon Hand 896-3371 896-7822 LLON.HAND@OLYMPUS.COM
Ship-To	20040653 AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY , MS 38821	Information Invoice Date (Due Date Delivery No. Ref Sales Order No. (D	83167567 Pate) 7687896 (07/19/2018)
Sold-To	20040653 AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY , MS 38821	Customer PO No. Payer No. Currency Terms of Payment Incoterm Requested By	01569 20040653 USD Net 30 Days FOB - SHIPPING POINT 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.

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.



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 HandPhone484-896-3371Fax484-896-7822EmailSHALLON.HAND@OLYMPUS.COM		
Ship-To	20040653 AMORY REGIONAL MEDICAL CENTER INC	Information		
	AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY , MS 38821	Invoice Date (Due	Date)	07/27/2018 (08/26/2018)
		Delivery No.	•	83186337
		Ref Sales Order N	o. (Date)	7702310 (07/26/2018)
Sold-To		Customer PO No.		01643
5010-10		Payer No.		20040653
	AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY , MS 38821	Currency		USD
		Terms of Payment	ł	Net 30 Days
		Incoterm		FOB - SHIPPING POINT
		Requested By		MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
	FB-220U.A N5355430 FB-220U.A (EN) VN	NEW	2	120.00	240.00
	Serial No. ()				
i	THANK YOU FOR YOUR ORDER	Ι		ļ	
		Freight		:	0.00
		Net Value			240.00
		Total Before T	ax		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.

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.

MIDDLE DISTRICT OF TENNESSEE Claims Register

3:18-bk-05675 Amory Regional Medical Center, Inc.

Judge: Charles M Walker Office: Nashville Chapter: 11 Last Date to file claims:

Trustee:

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

Last Date to file (Govt): Claim No: 38 Status: Original Filed Filed by: Date: 01/15/2019 Entered b Original Entered Modified:

Date: 01/15/2019

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

Amount claimed: \$66768.87

History:

Details <u>38-1</u> 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		