Debtor 1	curae Health
Debtor 2 (Spouse, if filing)	Amony Reg Med
United States	Bankruptcy Court for the: District of

FILED

JAN 17 2019

U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

04/16

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

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

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

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

P	art 1: Identify the Cla	m	
1.	Who is the current creditor?	Applied Medical Resources Name of the current creditor (the person or entity to be paid for this claim)	
		Other names the creditor used with the debtor	
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if different) Name Same Name Name Street RSM CA Q2688 City State Contact phone Contact email Credit-DApplied Med. (or Contact email Contact email Contact email Contact payments in chapter 13 (if you use one):	
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known) Filed on	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

T	ant 2: Give Informatio	n About the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No Wes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1 4 9 0
7.	How much is the claim?	\$ \\ \(\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Good Sold
9.	Is all or part of the claim secured?	 No Yes. The claim is secured by a lien on property. Nature of property: □ Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. □ Motor vehicle □ Other. Describe: Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for
		example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: Amount of the claim that is secured: Amount of the claim that is unsecured: (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$
	a.	Annual Interest Rate (when case was filed)% ☐ Fixed ☐ Variable
10	. Is this claim based on a lease?	☑ Yes. Amount necessary to cure any default as of the date of the petition. \$
11	. Is this claim subject to a right of setoff?	☐ Yes. Identify the property:
	Case 3:18-bk-	05675 Claim 49-1 Filed 01/17/19 Desc Main Document Page 2 of 40

	,							
12. Is all or part of the claim entitled to priority under	No No							
11 U.S.C. § 507(a)?	Yes. Check one:	Amount entitled to priority						
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$						
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$						
challed to phonly.	□ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$						
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$						
540	☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$						
	☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$						
	* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after	er the date of adjustment.						
Sim Palau								
Part 3: Sign Below		ADMINISTRAÇÃO DE CONTRACTOR DE						
The person completing this proof of claim must	Check the appropriate box:							
sign and date it.	I am the creditor.							
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.							
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
5005(a)(2) authorizes courts								
to establish local rules specifying what a signature								
is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.							
A person who files a								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
years, or both.	I declare under penalty of perjury that the foregoing is true and correct.							
18 U.S.C. §§ 152, 157, and 3571.	Executed on date 116,2019							
	Signature							
	Print the name of the person who is completing and signing this claim:							
	Name Louila S A First name Middle name Last name	mini						
	Title Credit & Collection Specil	ied						
	Applical Madical Docas	ve G						
	Identify the corporate servicer as the company if the authorized agent is a servicer.							
	Addless	clare						
	Rancho Santa Margarita CA	92688						
	City State ZIP Code	14 00 and 11						
	Contact phone 949-113-8000 Email Crec	NI DOUGH OF THE						



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511 USA

ACCOUNT NO.	PAGE
1017490	1/1
STATEMENT	DATE
01/16/20	19

CUSTOMER STATEMENT

ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

Doc Date	Due Date	Туре	Doc Number	Reference	Amount
07/03/2018	08/02/2018	Invoice	95097301	01373	2,820.00
07/05/2018	08/04/2018	Invoice	95101177	01393	1,050.00
07/06/2018	08/05/2018	Invoice	95104882	01407	540.00
07/09/2018	08/08/2018	Invoice	95107933	01426	630.00
07/10/2018	08/09/2018	Invoice	95111111	01452	750.00
07/12/2018	08/11/2018	Invoice	95116370	01470	445.00
07/17/2018	08/16/2018	Invoice	95126017	01504	810.00
07/20/2018	08/19/2018	Invoice	95133680	01553	1,050.00
07/23/2018	08/22/2018	Invoice	95136345	01574	540.00
07/24/2018	08/23/2018	Invoice	95139082	01122	365.00
07/27/2018	08/26/2018	Invoice	95146322	01634	210.00
07/31/2018	08/30/2018	Invoice	95152793	01666	750.00
07/31/2018	08/30/2018	Invoice	95152794	01696	210.00
08/03/2018	09/02/2018	Invoice	95160297	01716	3,060.00
08/07/2018	09/06/2018	Invoice	95165246	01752	1,350.00
08/07/2018	09/06/2018	Invoice	95165247	01785	210.00
08/15/2018	09/14/2018	Invoice	95179611	01867	1,020.00
08/20/2018	09/19/2018	Invoice	95187294	01904	540.00
08/21/2018	09/20/2018	Invoice	95189790	01897	260.00
				Amount Due	16,610.00

	Breakdown of Outstanding Balance								
Current	1 to 30 days	31 to 60 days	61 to 90 Days	91 to 120 days	Over 120 Days				
0.00	0.00	0.00	0.00	800.00	15.810.00				



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95189790	1
INVOICE D	ATE
08/21/20)18

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. ORDER DATE CUSTOMER LOC SLSMN PURCHASE ORD, NO.

SHIP TO:

ORDER NO.	ORDER DATE	NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA
4443046	08/16/2018	1017490	0001	50591	01897	UP	S Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT PRICE	UOM	NET PRICE
you would l urchaseorde	ike to switch to ers@appliedm	o email or E edical.com.	DI inve	oicing, please k You	contact Customer Relations at	800.282.2212	or
1	1	10135560 C8312, X		EXIS WND P	260.00 ROT/RET 5/BX	BOX	(260.00
NOTE	COMMEN	TS:				SALES AMOUNT	260.00
Invoice not p according to te are subject to per month ser charge. All cur displayed in Dollars.	erms 2% vice rency				SHIPPII	NG & HANDLING SALES TAX TOTAL \$	0.00 0.00 260.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328421419

According to our records 1 parcel was delivered on 08/23/18 at 11:43 A.M.. The shipment was received by MCNEESE.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95187294	1
INVOICE D	ATE
08/20/20)18

SHIP VIA

Invoice

*** Re-Print ***

PURCHASE ORD. NO.

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. ORDER DATE CUSTOMER LOC SLSMN

SHIP TO:

ORDER NO.	ONDER DATE	NO.	LOC	SESIMIN				
4444936	08/17/2018	1017490	0001	50591	01904		UPS (Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTION	N UNIT	PRICE	UOM	NET PRICE
you would I	ike to switch to ers@appliedm	email or E	DI invo	oicing, plea k You	se contact Customer	Relations at 80	00.282.2212 or	
2	2	10121930	1	Kii Fios Z		270.00	вох	540.00
NOTE	COMMEN	rs:					LES AMOUNT	540.00
Invoice not p according to to are subject to per month ser charge. All cur displayed in Dollars.	erms 2% vice rency					SHIPPING	& HANDLING SALES TAX TOTAL \$	0.00 0.00 540.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328414169

According to our records 1 parcel was delivered on 08/22/18 at 11:22 A.M.. The shipment was received by MCNEESE.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95179611	1
INVOICE D	ATE
08/15/20)18

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

IAMES SECTION	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORI	D. NO.		SHIP VIA	
4440339	08/15/2018	1017490	0001	50591	01867		U	PS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT	PRICE	UOM	NET P	RICE
you would l	ike to switch to ers@appliedm	o email or E	DI inv	oicing, please k You	contact Customer	Relations at 8	800.282.2212	or	
1	1	10086440			7	50.00	ВО	X	750.00
		CD001, 1	0mm	RETRIEVAL	SYSTEM, 10/BX				
1	1	10121960 CTB73, 1) Kii SH BLD I		70.00	BC	OX	270.00
		Į.					Sec.		
NOTE	COMMEN	TS:				SA	ALES AMOUNT	1,020	0.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328400227

According to our records 1 parcel was delivered on 08/17/18 at 12:03 P.M.. The shipment was received by WRIGHT.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95165247	1
INVOICE D	ATE
08/07/20	18

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	RD. NO.	SH	IIP VIA
4428546	08/07/2018	1017490	0001	50591	01785		UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT	T PRICE	UOM	NET PRICE
you would l	ike to switch to ers@appliedm	o email or E edical.com.	DI inve	oicing, pleas k You	e contact Customer	r Relations at 8	800.282.2212 or	
1	1	10106300	1		PT SYS 6/BX	210.00	BOX	210.00
NOTE Invoice not p according to te are subject to per month ser harge. All cur displayed in Dollars.	erms 2% vice rency	TS:					G & HANDLING SALES TAX TOTAL \$	0.00 0.00 0.00 210.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328369129

According to our records 1 parcel was delivered on 08/09/18 at 11:44 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10		1ZA46Y100328369129	1105 EARL FRYE BLVD AMORY	Mast MEN 124	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95165246	1
INVOICE D	ATE
08/07/20	18

Invoice ===

SHIP VIA

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. ORDER DATE CUSTOMER LOC | SLSMN | PURCHASE ORD. NO.

SHIP TO:

ORDER NO.	ORDER DATE	NO.	LOC	SLSWIN	PUNCHASE ON	5.110.		
4427878	08/07/2018	1017490	0001	50591	01752		UPS (Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT	PRICE	UOM	NET PRICE
f you would l	ike to switch to ers@appliedm	email or E	DI invo	oicing, please k You	e contact Customer	Relations at 8	00.282.2212 or	
2	2	10124610			2	70.00	BOX	540.00
		C0R47, 1	2x100	Kii BALLOC	ON BLUNT TIP 6/BX	(
3	3	10121930 CTF33, 1) Kii Fios ZTF		70.00	BOX	810.00
NOTE	COMMEN	TS:				SA	LES AMOUNT	1,350.00
Invoice not p according to to are subject to per month ser charge. All cur displayed in Dollars.	erms 2% vice rency					SHIPPING	& HANDLING SALES TAX TOTAL \$	0.00 0.00 1,350.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328368602

According to our records 1 parcel was delivered on 08/09/18 at 11:44 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	;
A46Y10		1ZA46Y100328368602	1105 EARL FRYE BLVD AMORY	Max-MEN as	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95160297	1
INVOICE D	ATE
08/03/20)18

Invoice ==

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD.	NO.	SH	IIP VIA
4422424	08/02/2018	1017490	0001	50591	01716		UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT PI	RICE	UOM	NET PRICE
you would l	ike to switch to ers@appliedm	email or E	DI inve	oicing, please You	contact Customer R	elations at 80	0.282.2212 or	
5	5	10113840	1	Kii Fios Z-TH	210 R 6/BX	0.00	BOX	1,050.00
2	2	10121930	1	Kii Fios ZTH	270	0.00	BOX	540.00
7	7	10120870 CTS02, 5		Kii SLEEVE Z		0.00	BOX	1,470.00
NOTE	COMMEN	TS:				SAL	ES AMOUNT	3,060.00
Invoice not p according to to are subject to per month ser harge. All cur displayed in Dollars.	erms 2% vice rency					SHIPPING	& HANDLING SALES TAX TOTAL \$	0.00 0.00 3,060.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

RECV DEPT

GILMORE MEMORIAL HOSP

1105 EARL FRYE BLVD AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328353529

According to our records 1 parcel was delivered on 08/07/18 at 11:43 A.M.. The shipment was received by MCNEESE.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95152794	1
INVOICE D	ATE
07/31/20	18

Invoice ==

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO. OF	RDER DATE	CUSTOMER NO.	LOC	SLSMN	PL	JRCHASE ORI	D. NO.		SHIP V	IA
4417554 07	7/31/2018	1017490	0001	50591		01696		U	IPS Gro	ound
QTY. ORDER/B.O. SI	QTY HIP/RETURN	ITE	M NO./I	DESCRIPTION	ON	UNIT	PRICE	UOM		NET PRICE
f you would like ourchaseorders	to switch to	email or E	DI invo	oicing, ple «You	ase contac	t Customer	Relations at 8	00.282.2212	or	
1	1	10106300 C0Q19, k		00 Z-THR	OPT SYS		10.00	BC	DX	210.00
NOTE	COMMENT	rs:		**************************************			SA	LES AMOUNT		210.00
Invoice not paid according to terms are subject to 2% per month service charge. All current displayed in US Dollars.							SHIPPING	& HANDLING SALES TAX TOTAL \$		0.00 0.00 210.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328339750

According to our records 1 parcel was delivered on 08/02/18 at 11:34 A.M., and left at INSIDE DELIVERY . The shipment was received by DODD as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10	V	1ZA46Y100328339750	1105 EARL FRYE BLVD AMORY	man som	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95152793	1
INVOICE D	ATE
07/31/20	18

SHIP VIA

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. ORDER DATE CUSTOMER LOC SLSMN PURCHASE ORD. NO.

SHIP TO:

CHELTHO.	ONDERDATE	NO.	1753.23	100	49340100	345,544 - 321 1	William Carlot and		E PER SA	
4416162	07/30/2018	1017490	0001	50591		01666	INTERIOR TO LEAD TO SERVICE AND ADDRESS OF THE PARTY OF T	U	PS Gr	ound
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	ON	UNIT	PRICE	UOM		NET PRICE
you would li	ke to switch to ers@appliedme	email or E	DI inv	oicing, plea k You	ase contact	Customer	Relations at 8	00.282.2212	or	
1	1	10086440 CD001, 1	1		AL SYSTEM		50.00	ВС	DX	750.00
NOTE Invoice not pa according to te are subject to per month sen charge. All curr displayed in to Dollars.	rms 2% vice ency	S:						LES AMOUNT & HANDLING SALES TAX TOTAL \$		750.00 0.00 0.00 750.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328337930

According to our records 1 parcel was delivered on 08/02/18 at 11:34 A.M., and left at INSIDE DELIVERY . The shipment was received by DODD as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10	3	1ZA46Y100328337930	1105 EARL FRYE BLVD AMORY	mad many	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95146322	1
INVOICE D	ATE
07/27/20	18

SHIP VIA

Invoice ___

*** Re-Print ***

PURCHASE ORD. NO.

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. ORDER DATE CUSTOMER LOC SLSMN

SHIP TO:

ONDEN NO.	ONDERIDATE	NO.						
4412987	07/27/2018	1017490	0001	50591	01634		UPS (Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNI	T PRICE	UOM	NET PRICE
you would l	ike to switch to ers@appliedm	email or E	DI inv	oicing, pleas k You	e contact Custome	r Relations at 8	00.282.2212 or	
1	1	10106300	1		PT SYS 6/BX	210.00	BOX	210.00
NOTE Invoice not p according to te are subject to per month ser charge. All cur displayed in Dollars.	erms 2% vice rency	rs:				- No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	LES AMOUNT	210.00 0.00 0.00 210.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328325774

According to our records 1 parcel was delivered on 07/31/18 at 11:06 A.M., and left at INSIDE DELIVERY . The shipment was received by DOBBS as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10		1ZA46Y100328325774	1105 EARL FRYE BLVD AMORY	poseend som	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95139082	1
INVOICE D	ATE
07/24/20	18

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE ORD. NO.	s	HIP VIA
4405706	07/23/2018	1017490	0001	50591	01122	UPS	S Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT PRICE	UOM	NET PRICE
you would l	ike to switch to ers@appliedm	email or E	DI inv	oicing, please k You	contact Customer Relation	ons at 800.282.2212 of	r
1	1	10135680 G6313, L		(IS O C-SEC	365.00 RET 5/BX	BOX	365.00
NOTE Invoice not p	COMMEN	TS:			3,000	SALES AMOUNT	365.00
according to to are subject to per month ser harge. All cur displayed in Dollars.	erms 2% vice rency				S	HIPPING & HANDLING SALES TAX TOTAL \$	0.00 0.00 365.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328313376

According to our records 1 parcel was delivered on 07/26/18 at 11:08 A.M.. The shipment was received by MCNEESE.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95126017	1
INVOICE D	ATE
07/17/20	18

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER DATE	CUSTOMER NO.	Loc	SLSMN	PUR	CHASE ORI	D. NO.		SHIP	VIA
07/16/2018	1017490	0001	50591		01504		L	JPS G	round
QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION		UNIT	PRICE	UOM		NET PRICE
ike to switch to	email or E	DI invo	oicing, pleas k You	e contact (Customer	Relations at	800.282.2212	or	
2					2	70.00	BC	X	540.00
	C0R47, 1	12x100	Kii BALLO	ON BLUNT	TIP 6/BX	(
1			Kii Fios ZTI	HR 6/BX	2	70.00	BC	OX	270.00
	Ē				£.				
COMMEN	TS:				7.211		SALES AMOUNT		810.00
aid erms 2% vice rency						SHIPPII	NG & HANDLING SALES TAX TOTAL \$		0.00 0.00 810.00
	O7/16/2018 OTY SHIP/RETURN like to switch to ers@appliedm 2 1 COMMENT aid erms vice rency US TERMS:	NO. 07/16/2018 1017490 OTY SHIP/RETURN ITE like to switch to email or E ers@appliedmedical.com. 2 10124610 C0R47, 1 10121910 CTF73, 1 COMMENTS: aid erms 2% vice rency US TERMS:	NO. 07/16/2018 1017490 0001 OTY SHIP/RETURN ITEM NO./ like to switch to email or EDI involvers@appliedmedical.com. Thank 2 101246101	NO. 07/16/2018 1017490 0001 50591 QTY SHIP/RETURN ITEM NO./DESCRIPTION like to switch to email or EDI invoicing, pleasers@appliedmedical.com. Thank You 2 101246101	NO. 07/16/2018 1017490 0001 50591 COTY SHIP/RETURN IITEM NO./DESCRIPTION IIKE to switch to email or EDI invoicing, please contact of ers@appliedmedical.com. Thank You 2 101246101	NO. 07/16/2018 1017490 0001 50591 01504 OTY SHIP/RETURN ITEM NO./DESCRIPTION UNIT like to switch to email or EDI invoicing, please contact Customer ers@appliedmedical.com. Thank You 2	NO. O7/16/2018 1017490 0001 50591 O1504	NO. O7/16/2018 1017490 0001 50591 O1504 UM	NO. OT/16/2018 1017490 0001 50591 O1504 UPS GI



DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON

APPLIED MEDICAL-AMBE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY NS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328279682

According to our records 1 parcel was delivered on 07/19/18 at 11:44 A.M, and left at INSIDE DELIVERY . The shipment was received by DOBBS as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET, CITY)	SIGNATURE	
A 46Y 10	MEDICALISM NO PROMINACIONISMON	1Z A 46Y 10002E279662	1105 EARL FRYE BLVD AMORY	busined outle	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95133680	1
INVOICE D	ATE
07/20/20)18

Invoice ____

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd

Amory MS 38821-5500

SHIP TO:

Gilmore Memorial Hosp 1105 Earl Frye Blvd ATTN: RECV AMORY MS 38821-5500

USA

SHIP VIA ORDER DATE | CUSTOMER LOC SLSMN PURCHASE ORD. NO. ORDER NO. NO. 01553 **UPS** Ground 1017490 0001 50591 4400607 07/18/2018 QTY. QTY **NET PRICE UNIT PRICE UOM** ITEM NO./DESCRIPTION SHIP/RETURN ORDER/B.O. you would like to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or urchaseorders@appliedmedical.com. Thank You BOX 1,050.00 101138401 210.00 5 CTF03, 5x100 Kii Fios Z-THR 6/BX 1,050.00 SALES AMOUNT COMMENTS: NOTE Invoice not paid 0.00 SHIPPING & HANDLING according to terms 0.00 SALES TAX are subject to 2% 1,050.00 per month service TOTAL \$ charge. All currency TERMS: displayed in US Dollars. Net 30



DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AIVORY IVIS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328295217

According to our records 1 parcel was delivered on 07/24/18 at 1204 P.M., and left at DOCK. The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A 46Y 10		1Z A 46Y 100328295217	1105EARL FRYE BLVD AMORY	aloso Wesness	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE		
95097301	1		
INVOICE D	ATE		
07/03/20	18		

Invoice ==

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	D. NO.	SHI	IP VIA
4376370	07/03/2018	1017490	0001	50591	01373		UPS	Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTIO	I UNIT	PRICE	UOM	NET PRICE
you would l	ike to switch to ers@appliedm	email or E	DI invo	oicing, plea	se contact Customer	Relations at	800.282.2212 or	
1	1	10086440	1	3		'50.00	вох	750.00
		CD001, 1	0mm	RETRIEVA	SYSTEM, 10/BX			
3	3	10121930	1		2	270.00	BOX	810.00
		CTF33, 1	1x100	Kii Fios Z	HR 6/BX		20 20224	N color tool
6	6	10120870	1		2	210.00	BOX	1,260.00
		CTS02, 5	x100	Kii SLEEVI	ZTHR 12/BX			
NOTE	COMMEN	TS:			N	S. S.	ALES AMOUNT	2,820.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328232114

According to our records 1 parcel was delivered on 07/06/18 at 10:48 A.M., and left at INSIDE DELIVERY . The shipment was received by SMITH as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10		1ZA46Y100328232114	1105 EARL FRYE BLVD AMORY		



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95101177	1
INVOICE D	ATE
07/05/20	18

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	D. NO.		SHIP VIA
4379292	07/05/2018	1017490	0001	50591	01393		U	PS Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTION	UNIT	PRICE	иом	NET PRICE
you would urchaseord	ike to switch to ers@appliedm	o email or E edical.com.	DI invo	oicing, please k You	contact Customer	Relations at 8	300.282.2212	or
5	5	10113840	1	Kii Fios Z-TH		10.00	ВО	1,050.00
Invoice not p according to te are subject to per month ser charge. All cur displayed in Dollars.	erms 2% vice rency	TS:					ALES AMOUNT 3 & HANDLING SALES TAX TOTAL \$	1,050.00 0.00 0.00 1,050.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD AMORY MS 38821

Tracking Identification Number...1ZA46Y100328237717

According to our records 1 parcel was delivered on 07/09/18 at 11:05 A.M.. The shipment was received by DOBBS.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95104882	1
INVOICE D	ATE
07/06/20	18

Invoice ==

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

ORDER NO.	ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OR	D. NO.		SHIP VIA
4380617	07/05/2018	1017490	0001	50591	01407		U	PS Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTIO	N UNIT	PRICE	UOM	NET PRICE
f you would I	ike to switch to ers@appliedm	email or E	DI invo	oicing, plea « You	se contact Customer	Relations at 8	00.282.2212	or
1	1	10121960	1		2 D ZTHR 6/BX	70.00	ВС	X 270.00
1	1	10147068 CTF71, k		12X150MI	M Z-THREAD, 6BX	70.00	BC	OX 270.00
NOTE	COMMENT	 ГS:				SA	LES AMOUNT	540.00
Invoice not p according to te are subject to per month ser charge. All cur displayed in Dollars.	aid erms 2% vice rency					SHIPPING	à & HANDLING SALES TAX TOTAL \$	0.00 0.00 540.00



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328241391

According to our records 1 parcel was delivered on 07/10/18 at 10:50 A.M.. The shipment was received by WRIGHT.



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95107933	1
INVOICE D	ATE
07/09/20	18

Invoice

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy

1105 Earl Frye Blvd Amory MS 38821-5500 SHIP TO:

Gilmore Memorial Hosp 1105 Earl Frye Blvd ATTN: RECV

AMORY MS 38821-5500

USA

ORDER DATE	CUSTOMER NO.	LOC	SLSMN	PURCHASE OF	RD. NO.	5	SHIP VIA
07/06/2018	1017490	0001	50591	01426		UP	S Ground
QTY SHIP/RETURN	ITE	M NO./I	DESCRIPTION	UNI	T PRICE	UOM	NET PRICE
like to switch to ers@appliedm	email or E	DI invo	oicing, pleas	e contact Custome	r Relations at 8	800.282.2212 o	r
2				2	210.00	BOX	420.00
	C0Q19, I	Kii 8x1	00 Z-THR C	PT SYS 6/BX			
1	CARREL O -CONACTOR ALCOHA		Kii Fios ZTH		210.00	вох	210.00
COMMEN					T 9	ALES AMOUNT	630.00
erms 22% rvice rrency	15:					0-11994	0.00 0.00 630.00
	O7/06/2018 OTY SHIP/RETURN like to switch to ers@appliedm 2 1 COMMENT oraid erms o	NO. 07/06/2018 1017490 OTY SHIP/RETURN ITE like to switch to email or E ers@appliedmedical.com. 2 10106300 C0Q19, I 1 10141270 CTF01, S COMMENTS: Daid erms o 2% crice rrency US TERMS:	OT/06/2018 1017490 0001 OTY SHIP/RETURN ITEM NO./I like to switch to email or EDI invocers@appliedmedical.com. Thank 2 101063001 C0Q19, Kii 8x10 1 101412701 CTF01, 5x150 II COMMENTS: Oracle remedy US TERMS:	NO. 50591 O7/06/2018 1017490 0001 50591 O7/06/2018 O7/06	NO. 07/06/2018 1017490 0001 50591 01426 QTY SHIP/RETURN ITEM NO./DESCRIPTION UNI like to switch to email or EDI invoicing, please contact Custome ers@appliedmedical.com. Thank You 2 101063001	NO. 07/06/2018 1017490 0001 50591 01426	NO. O7/06/2018 1017490 0001 50591 O1426 UP OTY SHIPPING UINIT PRICE UOM Ilike to switch to email or EDI invoicing, please contact Customer Relations at 800.282.2212 or ers@appliedmedical.com. Thank You 2 101063001 C0Q19, Kii 8x100 Z-THR OPT SYS 6/BX 1 101412701 Z10.00 BOX CTF01, 5x150 Kii Fios ZTHR 6/BX SALES AMOUNT COMMENTS: SALES AMOUNT SHIPPING & HANDLING SALES TAX TOTAL \$ TERMS: TERMS:



DELIVERY NOTIFICATION

INQUIRY FROM:

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328246887

According to our records 1 parcel was delivered on 07/11/18 at 11:33 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE	
A46Y10	ALL MANAGEMENT AND AND ADDRESS OF THE PARTY	1ZA46Y100328246887	1105 EARL FRYE BLVD AMORY	Wax Walled	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE
95111111	1
INVOICE D	ATE
07/10/20	18

SHIP VIA

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO ORDER DATE CHISTOMER LOC SLSMN PURCHASE ORD NO

SHIP TO:

UNDER NO.	ONDER DATE	NO.	LOC	SLOWIN	TOHOHAGE OIL			
4385823	07/10/2018	1017490	0001	50591	01452		UPS Ground	
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	DN NO	PRICE	UOM	NET PRICE
you would l	ike to switch to ers@appliedm	email or E	DI inv	oicing, plea	ase contact Customer	Relations at 8	00.282.2212 or	
1	1	10086440	1		AL SYSTEM, 10/BX	750.00	ВОХ	750.00
NOTE Invoice not p	aid	COMMENTS:				SALES AMOUNT SHIPPING & HANDLING		750.00
according to te are subject to per month ser charge. All cur displayed in l Dollars.	2% vice rency					SALES TAX TOTAL \$		0.00 750.00



DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY NS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328252914

According to our records 1 parcel was delivered on 07/12/18 at 11:17 A.M., and left at INSIDE DELIVERY . The shipment was received by MCNEESE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET, CITY)	SIGNATURE	
A 46Y 10		1Z A 46Y 100328252914	1105 EARL FRYE BLVD AMDRY	hard Migheare	



APPLIED MEDICAL PO BOX 3511 CAROL STREAM IL 60132-3511

INVOICE NO.	PAGE				
95116370	1				
INVOICE D	ATE				
07/12/2018					

SHIP VIA

Invoice =

*** Re-Print ***

SOLD TO:

ATTN: ACCOUNTS PAYABLE ZZ**Gilmore Memorial Hosp Bankruptcy 1105 Earl Frye Blvd Amory MS 38821-5500

ORDER NO. ORDER DATE CUSTOMER LOC. SLSMN. PURCHASE ORD. NO.

SHIP TO:

ORDER NO.	ORDER DATE	NO.	LOC	SLSMN	PURCHASE ORD. NO.		SHIP VIA
4389556	07/11/2018	1017490	0001	50591	01470	l	JPS Ground
QTY. ORDER/B.O.	QTY SHIP/RETURN	ITE	M NO./	DESCRIPTION	UNIT PRICE	E UOM	NET PRICE
f you would I	ke to switch to ers@appliedm	email or E	DI invo	oicing, please k You	contact Customer Relat	ions at 800.282.2212	? or
1	1	10135690 G6314, X		XIS O C-SE	445.00 C RET 5/BX	BC	OX 445.00
NOTE	COMMENT	rs:				SALES AMOUNT	445.00
Invoice not pa according to te are subject to per month sen charge. All curr displayed in U Dollars.	rms 2% vice ency					SHIPPING & HANDLING SALES TAX TOTAL \$	0.00



DELIVERY NOTIFICATION

INQUIRY FROM

DENO HENDON

APPLIED MEDICAL-AMSE

9451 TOLEDO WAY IRVINE CA 92618

SHIPMENT TO:

NON

1105 EARL FRYE BLVD

AMORY MS 38821

Shipper Number......A46Y10

Tracking Identification Number...1ZA46Y100328264367

According to our records 1 parcel was delivered on 07/16/18 at 10.57 A.M. The shipment was received by DOBBS.

MIDDLE DISTRICT OF TENNESSEE Claims Register

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

Judge: Charles M Walker **Chapter:** 11

Office: Nashville Last Date to file claims: Trustee: Last Date to file (Govt):

Creditor:(6823795)Claim No: 49Status:APPLIED MEDICALOriginal FiledFiled by: CRRESOURCESDate: 01/17/2019Entered by: Intake1APPLIED MEDICALOriginal EnteredModified:

29977 AVENIDA LAS *Date*: 01/17/2019

BANDERAS RSM CA 92688

Amount claimed: \$16610.00

History:

<u>Details</u> 49-1 01/17/2019 Claim #49 filed by APPLIED MEDICAL RESOURCES, Amount claimed: \$16610.00

(Intake1)

Description: (49-1) Good Sold

Remarks:

Claims Register Summary

Case Name: Amory Regional Medical Center, Inc.

Case Number: 3:18-bk-05675

Chapter: 11

Date Filed: 08/24/2018 **Total Number Of Claims:** 1

Total Amount Claimed*	\$16610.00
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		