	T OF TENNI E DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: Amory Regional Medical Cente	er, Inc. Cha	upter 11 e No. <b>1805675</b>	ADMINISTRATIVE BAR DATE: January 21, 2019
NOTE: This form should be used <u>only be expense claim arising under 11 U.S.C. §</u> or any other types of claim. Name of creditor: <b>C. R. Bard, Inc.</b> (The person or other entity to whom the debtor owed money or property.)	<ul> <li>SO3(b)(9). This f</li> <li>Name of debtor</li> <li>(The entity owin</li> <li>Curae Heal</li> <li>Amory Reg Inc.</li> <li>Batesville H Inc.</li> <li>Clarksdale Center, Inc</li> <li>Batesville I Batesville I LLC</li> </ul>	is in the second	FILED JAN 182019 U.S. BANKRUPTCY COUR MIDDLE DISTRICT OF T
Name and addresses where notices should be sent: C. R. Bard, Inc. c/o Hunton Andrews Kurth LLP Attn: Robert A. Rich, Esq. 200 Park Avenue New York, New York 10166 rrich2@HuntonAK.com - and - C. R. Bard, Inc. Attn: Sabina Downing 720 Central Avenue	<ul> <li>Check box anyone else claim relati copy of sta</li> <li>Check box received an bankruptcy</li> <li>Check box from the ac</li> </ul>	if you are aware that e has filed a proof of ing to yourclaim. Attach tement giving particulars. if you have never by notices from the court in this case. if your address differs ddress on the envelope by the court.	THIS SPACE IS FOR COURT USE ONLY
Murray Hill, New Jersey 07974 Last four digits of account or other num creditor identifies debtor:	l. ber by which	filed claim. Claim number (if know Filed on:	
<ol> <li>Basis for claim:</li> <li>Goods sold</li> <li>Services performed</li> <li>Other (describe briefly): see attac</li> </ol>	hed	2. Date debt was incur 8/7/18; 8/9/18; 8/20/18	red:
<ol> <li>Date goods were received by debto</li> <li>Total amount of claim as of the data</li> </ol>			

10.

□ Check this box if the request includes interest or other charges in addition to the Attach itemized statement of all interest or additional charges.	the principal amount of the request.
5. Brief description of claim (attach any additional information):	
Type(s) of goods received by debtor within twenty (20) days before the August 2 <b>Supplies</b>	4, 2018 petition date: Medical
Shipment date of goods: 8/7/18; 8/9/18; 8/20/18	
Place of delivery of goods: 1105 Earl Frye Blvd., Amory, MS 38821	
Method of delivery of goods: Federal Express Overnight, 2-Day and Ground	
Name of carrier of goods: Federal Express	
Value of goods: \$929.10	
Whether the value of goods listed in this claim relates to services and goods: Go	ods only
The percentage of value related to services and the percentage of value related to	goods. Goods 100%
Whether claimant has filed any other claim against debtor relating to goods under	erlying this claim: No
Attach supporting materials required by field 8 and instructions below.	
6. Credits, setoffs, and counterclaims:	7. Assignment:
All payments made on this claim by the debtor have been credited and	□ Check this box if claimant
deducted from the amount claimed hereon.	has obtained this claim by
□ This claim is subject to setoff or counterclaim as follows:	assignment and attached a copy of assignment.
8. Supporting documents: <u>Attach redacted copies of supporting documents</u> , su orders, invoices, itemized statements of running accounts, or contracts.	uch as promissory notes, purchaser
All proofs of claim for 503(b)(9) claims must be accompanied by copies of: (i) to of lading, and similar materials identifying the goods underlying the claim; (ii) a under 11 U.S.C. § 546(c); and (iii) documents demonstrating the date the goods	any demand to reclaim the goods
Any claimant asserting a 503(b)(9) claim must certify that the goods were sold business.	in the ordinary course of the debtor'
Do not send original documents. Attached documents may be destroyed after se available, explain. If the documents are voluminous, attach a summary.	
9. Date-stamped copy: To receive an acknowledgement of the filing of your cl claim in a self-addressed, stamped return envelope along with your original c	aim, submit a copy of your proof of laim.
10. Signature:	
Check the appropriate box.	
I am the creditor.	
□ I am the creditor's authorized agent.	1- 2004)
I am the trustee, or the debtor, or their authorized agent (see Bankruptcy Ru	
$\Box$ I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3	005).
I declare under penalty of perjury that the information provided in this claim is	

Print name: <u>Greg Dadika</u> Title: <u>Authorized Signatory</u> Company: C. R. Bard, Inc.	AN	January 9,2019	
Address and telephone number (if different from notice address above):	(Signature)	(Date)	

Telephone number: Email:

Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases notified voluntarily by the debtor, exceptions to these general rules may apply. Definitions.

#### 503(b)(9) Claim.

A 503(b)(9) claim is a claim entitled to treatment in accordance with 11 U.S.C. § 503(b)(9). Specifically, 503(b)(9) claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

#### 503(b)(9) Bar Date.

By order of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division), all claimants asserting 503(b)(9) claims must be filed electronically using the Court's CM/ECF by January 21, 2019.

#### Claim.

A claim is the creditor's right to receive payment for a debt owed by the debtor as defined in 11 U.S.C. § 101(5).

#### Creditor.

A creditor is a person, corporation, or other entity to whom the debtor owes a debt.

#### Debtor.

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

#### Proof of Claim.

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor. The creditor must file the form with the claims agent retained in this case as provided below.

#### Redacted.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information.

#### General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.

2. Print legibly. Your claim may be disallowed if it cannot be read or understood.

3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.

4. Attach additional pages if more space is required to complete the proof of claim.

5. This form should only be used by claimants asserting administrative expense claims arising under 11 U.S.C. § 503(b)(9). All other administrative expense claims must be asserted on a separate form.

6. All proofs of claim for 503(b)(9) claims must set forth with specificity: (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

In addition, all proofs of claim for 503(b)(9) claims must be accompanied by copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Any claimant asserting a 503(b)(9) claim must certify that the goods were sold in the ordinary course of the debtor's business.

7. To be deemed properly filed, this proof of claim must contain an original signature and must be filed electronically using the Court's CM/ECF by <u>January 21, 2019</u>. If the claimant has five (5) or fewer proofs of claim, the claimant may mail this proof of claim form, so as to be actually received on or before <u>January 21, 2019</u>, to the following address:

Office of the Clerk of the United States Bankruptcy Court for the Middle District of Tennessee (Nashville Division) Customs House Room 170 701 Broadway Nashville, TN 37203

#### Items to be completed in proof of claim form.

#### Creditor's name and address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

#### Debtor's name:

Check the box next to the debtor from whom the debt is owed.

Account or other number by which creditor identifies debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

#### 1. Basis for claim:

State the type of debt or how it was incurred. Examples include goods sold and services performed. If the claim is based on delivering healthcare goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential healthcare information. You may be required to provide additional disclosure if an interested party objects to the claim.

#### 2. Date debt was incurred:

State the date or dates on which the debt was incurred.

#### 3. Date goods received by debtor:

State the date or dates on which the goods underlying the claim were received by the debtor.

4. Total amount of claim as of the date the debt was incurred:

State the total amount owed to the creditor on the date or dates on which the debt was incurred. Check the box if interest or other charges are included in the claim.

#### 5. Brief description of claim (attach any additional information):

Briefly describe the nature of the claim and attach any additional relevant information. Claimants must provide all requested information, including (i) the amount of the claim; (ii) the type(s) of goods claimant asserts were received by the debtor within twenty (20) days before the August 24, 2018 petition date; (iii) the shipment date of the goods; (iv) the date on which the claimant asserts the relevant debtor received the goods; (v) the place of delivery of the goods; (vi) the method of delivery of the goods; (vii) the name of the carrier of the goods; (viii) the alleged value of the goods; (ix) whether the value of the goods listed in the proof of claim represents a combination of services and goods; (x) the percentage of value related to services and the percentage of value related to goods; and (xi) whether the claimant has filed any other claim against the debtor regard the goods underlying this claim.

#### 6. Credits, setoffs, and counterclaims:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. If claim is subject to setoff or counterclaim, check box and provide an explanation.

#### 7. Assignment:

Check box and include copy of assignment if claimant obtained claim by way of assignment.

#### 8. Supporting documents:

Attach redacted copies of any documents that show the debt exists. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If claim is based on delivering healthcare goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. If the documents are not available, provide explanation. If the documents are voluminous, attach a summary.

Claimants must provide all requested supporting documentation, including: copies of (x) the particular invoices, receipts, bills of lading, and similar materials identifying the goods underlying the claim; (y) any demand to reclaim the goods under 11 U.S.C. § 546(c); and (z) documents demonstrating the date the goods were actually received by the debtor.

Claimants must certify that the goods were sold in the ordinary course of the debtor's business.

#### 9. Date and signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). If your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for the purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

#### ATTACHMENT TO 503(b)(9) PROOF OF CLAIM OF C. R. BARD, INC.

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 <u>Debtor</u>. On August 24, 2018 (the "<u>Petition Date</u>"), Amory Regional Medical Center, Inc. (the "<u>Debtor</u>") filed for bankruptcy relief in the United States Bankruptcy Court for the Middle District of Tennessee (the "<u>Bankruptcy Court</u>").

2. <u>Basis for Claim</u>. As set forth on the schedule attached hereto as <u>Exhibit 1</u>, prior to the Petition Date, C. R. Bard, Inc. (the "<u>Claimant</u>"), through its Bard Medical division and subsidiaries Bard Access Systems, Inc. and Davol Inc., provided medical supplies (the "<u>Medical Supplies</u>") to the Debtor in the aggregate amount of \$929.10 (the "<u>Claim Amount</u>"). The Medical Supplies were received by the Debtor on or after the date that is twenty days immediately prior to the Petition Date. Copies of the invoices which set forth the Claim Amount, together with proof of delivery, are attached hereto as <u>Exhibit 2</u>. As of the date hereof, the Debtor has not paid for the Medical Supplies.

3. <u>Classification of Claim</u>. The Claim Amount is an administrative expense claim pursuant to sections 503(b)(9) and 507(a)(2) of Title 11 of the United States Code.

4. <u>Separate General Unsecured Claim</u>. In accordance with the Bankruptcy Court's order entered on December 11, 2018 (Docket No. 544), the Claimant has asserted additional claims, for which the Claimant has not asserted priority, through a separate proof of claim.

5. <u>Certification</u>. The Claimant hereby certifies that the Medical Supplies were sold in the ordinary course of the Debtor's business to the best of Claimant's knowledge and belief.

6. <u>Reservation of Rights</u>. This proof of claim is filed with full reservation of rights, including the right to assert additional, supplementary and/or amended proofs of claim and requests for administrative expense reimbursements based on events, information and/or documents obtained from the Debtor or others through discovery or otherwise. Without in any way limiting the

foregoing, the Claimant reserves the right to assert any claim it may have against the Debtor or against any other party or property other than the Debtor or the property of its estate. Without in any way limiting the foregoing, the Claimant reserves the right to assert this claim by way of setoff, recoupment or defense to any claim asserted by the Debtor and/or its affiliates against the Claimant. This proof of claim is not intended, nor should it be construed, as the Claimant's consent to jurisdiction in the Bankruptcy Court, or as a waiver of the Claimant's right to a trial by jury in any action or proceeding.

7. Notices. All notices concerning this proof of claim should be sent to:

C. R. Bard, Inc. Attn: Sabina Downing 730 Central Avenue Murray Hill, New Jersey 07974

-and-

Robert A. Rich, Esq. Hunton Andrews Kurth LLP 200 Park Avenue New York, New York 10166

Attorneys for the Claimant

#### Exhibit 1 - Schedule

# AMORY REGIONAL MEDICAL CENTER INC CASE # 18-05675

#### Proof of Claim of C. R. Bard, Inc.

Division	Invoice #	Date Shipped	Date Received	<u>PO #</u>	A	mount
Davol Inc.	78345641	08/07/2018		01757		93.30
Bard Medical	78350103	08/07/2018		01791		141.00
Bard Access Systems Inc.	45424817	08/09/2018		01806		174.80
Bard Access Systems Inc.	45433258	08/20/2018		01907		520.00
					\$	929.10

**EXHIBIT 2** 

## **INVOICES**

Case 3:18-bk-05675 Claim 54-1 Filed 01/18/19 Desc Main Document Page 9 of 18

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BILL TO:

DATE

AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

SHIP TO:

AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

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Page 1 of 1

Case 3:18-bk-05675 Claim 54-1 Filed 01/18/19

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Desc Main Document

Page 10 of



TNV#78345641

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Dear Customer:

The following is the proof-of-delivery for tracking number 454279445202.

Status:	Delivered	Delivery location:	1105 EARL FRYE BLVD
			AMORY, MS 38821
Signed for by:	M.MCNEESE	Delivery date:	Aug 9, 2018 10:01
Service type:	FedEx 2Day		
Special Handling:	Deliver Weekday		

Matt MEA

# Shipping Information: Aug 7, 2018 Tracking number: 454279445202 Ship date: Aug 7, 2018

Recipient:

AMORY REGIONAL MEDICAL CENTER DBA GILMORE MEMORIAL REG MEDIC 1105 EARL FRYE BLVD AMORY, MS 38821 US Reference Shipper: Customer Service DAVOL 14201 LOCHRIDGE BLVD COVINGTON, GA 30014 US

none

Thank you for choosing FedEx.

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C.R. BARD 8195 INDUSTRIAL BLVD COVINGTON, GA 30014

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AMORY REGIONAL MEDICAL CENTER INC ATTN: ACCOUNTS PAYABLE DBA GILMORE MEMORIAL REG MEDICAL CTR 1105 EARL FRYE BLVD AMORY MS 38821

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	SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at <u>COV-NOPaperinvs@crbard.com</u> to get started!	1			108017410503	33	10E-	rossbar12InSte	mDeaver	UNI	PRICE	EXTENDED
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	SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at <u>COV-NOPaperinvs</u> <u>Crbard.com</u> to get started! You agree that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bad. MENT TERMS: Net 30 we charges may not reflect the two net cost of the above products as other discounts, rebates, or price reductions (collexively "discounts" may be provided to customer with relevant documentation. Under # U.S.C. 1320a-70(b)(3)(A) and the Safe History provides to customer with relevant documentation. Under # U.S.C. 1320a-70(b)(3)(A) and the Safe History provides to a such products and there and any state Medical program, as and when any discounts earned. Including those forms (model and concerning the second and second and state Medical program, as and when 104 Giens Falls 105 Bard Access Systems/Dymax 105 Bard Access Systems/Dymax 105 Bard Access Systems/Dymax 105 Bard Access Systems/Dymax 105 Bard Access Systems/Dymax Source State Stat		a sin particular de la companya de l						÷			

Page 1 of 1

Case 3:18-bk-05675 Claim 54-1

Filed 01/18/19

18

Desc Main Document



\$WV # 78350103

Dear Customer:

The following is the proof-of-delivery for tracking number 449644377305.

Status:	Delivered	Delivery location:	RECEIVING DEPT.
			AMORY, MS 38821
Signed for by:	M.MCNEESE	Delivery date:	Aug 8, 2018 09:38
Service type:	FedEx Standard Overnight		0
Special Handling:	Deliver Weekday		

AL AKI

#### Shipping Information:

Tracking number:

449644377305

Ship date:

Aug 7, 2018

#### Recipient:

AMORY REGIONAL MEDICAL CENTER DBA GILMORE MEMORIAL REG MEDIC 1105 EARL FRYE BLVD AMORY, MS 38821 US Reference Shipper: Shipping C.R. Bard/BMD 14201 Lochridge Blvd COVINGTON, GA 30014 US

none

Thank you for choosing FedEx.



BARD ACCESS SYSTEMS 605 NORTH 5600 WEST SALT LAKE CITY, UT 84116

AMORY REGIONAL MEDICAL CTR ATTN: ACCOUNTS PAYABLE DBA GILMORE MEORIAL HOSP

1105 EARL FRYE BOULEVARD AMORY, MS 38821

BILL TO:

INVOICE#	INVOICE DA	TR	CALL	CONTRACTOR OF
45424817	08/09/18			S ORDER #
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CUSTOMER S	ERVICE		Dr. Contraction	
1-800-545	0890		CUSTOM	Atha and a state of the second second
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	C.R. BARD, II P.O. BOX 757 CHARLOTTE,	67	76	

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SHIP TO:

AMORY REGIONAL MEDICAL CTR DBA GILMORE MEORIAL HOSP 1105 EARL FRYE BOULEVARD AMORY, MS 38821

DATE SHIPMENT SHIP SHIPPED ORDER NUMBER CARRIER WHSE CARTONS WEIGHT FREIGHT BILL OF 08/09/18 TERMS FXGR LADING 1 QUANTITY 2.00 LON DIV 450616415895 CATALOG NUMBER/GTIN SHIPPED DESCRIPTION EXTENDED 1 UNIT PRICE CS 0662234 SWIS, Y Site, 22 ga x T AMOUNT 10801741047883 87.4000 0.75 in (Sterile) \$87.40 226017 1 CS 0662210 SWIS, Y Site, 22 ga x 10801741047869 87.4000 1.0 in (Sterile) \$87.40 141906 SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your Internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. PAYMENT TERMS: NET 30 The above charges may not reflect the frue net cost of the above products as other discounts, rehates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts howen, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320-7/b(b)(3)(4) and the Safe Harbor provisions regarding discounts earned, including those Items involced at no charge.

S.H.P.I. and MedDesign are subsidiaries of C.R. Bard, Inc.

Page 1 of 1

# Case 3:18-bk-05675 Claim 54-1 Filed 01/18/19 Desc Main Document Page 14 of 18



FWV#45424817

. .

Dear Customer:

The following is the proof-of-delivery for tracking number 450616415895.

<b>Delivery Information</b>	:		
Status:	Delivered	Delivery location:	1105 EARL FRYE BLVE Amory, MS 38821
Signed for by:	MMCNESSE	Delivery date:	Aug 13, 2018 09:39
Service type:	FedEx Ground		
Special Handling:			
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Shipping Information	M. MCNESSE #16, 09:36, 17		
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the second s	M. MCNESSE #16, 09:36, 17 :	Del, 0 NonDel	Aug 9, 2018
Tracking number:	M. MCNESSE #16, 09:36, 17 :	Del, 0 NonDel	Aug 9, 2018 2.2 lbs/1.0 kg
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Tracking number: Recipient:  AMORY REGIONAL MI DBA GILMORE MEORI 1105 EARL FRYE BOU	M. MENESSE #16, 09:36, 17 : 450616415895 EDICAL CTR IAL HOSP ILEVARD	Del, 0 NonDel Ship date: Weight: Shipper: BARD ACCESS-COVIN 14201 LOCHRIDGE BL COVINGTON, GA 3001 none	Aug 9, 2018 2.2 lbs/1.0 kg

Thank you for choosing FedEx.



BARD ACCESS SYSTEMS 605 NORTH 5600 WEST SALT LAKE CITY, UT 84116

AMORY REGIONAL MEDICAL CTR ATTN: ACCOUNTS PAYABLE DBA GILMORE MEORIAL HOSP 1105 EARL FRYE BOULEVARD

AMORY, MS 38821

BILL TO:

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INVOICE #	INVOICE DATE		SALES ORDER #		
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OUSTOMER SERVICE		CUSTOMER PO #			
1-800-545-0890		01907			
	REMIT	TO:	010		
	C.R. BARD, II P.O. BOX 757 CHARLOTTE,	NC. 67	75		

INNOIAE

SHIP TO:

AMORY REGIONAL MEDICAL CTR DBA GILMORE MEORIAL HOSP 1105 EARL FRYE BOULEVARD AMORY, MS 38821

DATE SHIPMENT SHIP SHIPPED CARRIER ORDER NUMBER WHSE CARTONS WEIGHT FREIGHT BILL OF 08/20/18 TERMS LADING FXGR QUANTITY 1 3.00 UOM 450616580300 DIV SHIPPED CATALOG NUMBER/GTIN DESCRIPTION EXTENDED UNIT PRICE 1 CS 3295335 T AMOUNT PowerPICC, Solo, 520.0000 10801741028127 5Fr DL, IR w/135GW, Nit \$520.00 368111 WARNING: MANUFACTURED WITH HCFC-141B, HCFC-225CA, AND HCFC-225CB, A SUBSTANCE WHICH HARMS PUBLIC HEALTH AND ENVIRONMENT BY DESTROYING OZONE IN THE UPPER ATMOSPHERE. SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE You can now receive your invoices on a daily basis by e-mail. Contact us today at COV-NOPaperinvs@crbard.com to get started! You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only. You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard. PAYMENT TERMS: NET 30 The above charges may not rollect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounta") may be provided to customer for such products. When the value of any further discounts are known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001 952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any slate Medicald program, as and when INVOICE TOTAL:

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Page 1 of 1



TWV#45433258

Dear Customer:

The following is the proof-of-delivery for tracking number 450616580300.

Delivery Information	1:		
Status:	Delivered	Delivery location:	1105 EARL FRYE BLVE Amory, MS 38821
Signed for by:	MWRIGHT	Delivery date:	Aug 22, 2018 11:03
Service type: Special Handling:	FedEx Ground		
		NA	
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Shipping Information	M. WRIGHT #33, 10:58, 29	Del, O NonDel	
Shipping Information Tracking number:	M. WRIGHT #33, 10:58, 29	Del. 0 NonDel	ar El Agrico Mar
and the second sec	M. WRIGHT #33, 10:58, 29	Del, O NonDel	Aug 20, 2018
Tracking number: Recipient:	M. WRIGHT #33, 10:58, 29 n: 450616580300	Del, O NonDel Ship date: Weight: Shipper: BARD ACCESS-COVIN	Aug 20, 2018 3.1 lbs/1.4 kg
Tracking number: Recipient: AMORY REGIONAL M	M. WRIGHT #33, 10:58, 29 n: 450616580300	Del, O NonDel Ship date: Weight: Shipper: BARD ACCESS-COVIN 14201 LOCHRIDGE BL	Aug 20, 2018 3.1 lbs/1.4 kg
Tracking number: Recipient: AMORY REGIONAL M DBA GILMORE MEOF 1105 EARL FRYE BOI	M. WRIGHT #33, 10:58, 29 n: 450616580300 IEDICAL CTR RIAL HOSP JLEVARD	Del, O NonDel Ship date: Weight: Shipper: BARD ACCESS-COVIN	Aug 20, 2018 3.1 lbs/1.4 kg
Tracking number: Recipient: AMORY REGIONAL M DBA GILMORE MEOF 1105 EARL FRYE BOI AMORY, MS 38821 US	M. WRIGHT #33, 10:58, 29 n: 450616580300 IEDICAL CTR RIAL HOSP JLEVARD	Del, 0 NonDel Ship date: Weight: Shipper: BARD ACCESS-COVIN 14201 LOCHRIDGE BL COVINGTON, GA 3001	Aug 20, 2018 3.1 lbs/1.4 kg
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Case 3:18-bk-05675 Claim 54-1 Filed 01/18/19 Desc Main Document Page 17 of



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#### U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN

January 17, 2019

NEW YORK, NY 10166-0005

HUNTON ANDREWS KURTH LLP

TEL 212 · 309 · 1000 FAX 212 · 309 · 1100

200 PARK AVENUE

CONSTANCE ANDONIAN DIRECT DIAL: 212.309.1222 EMAIL: candonian@huntonak.com

FILE NO: 067412.3

### **OVERNIGHT MAIL**

United States Bankruptcy Court Middle District of Tennessee (Nashville Division) Customs House Room 170 701 Broadway Nashville, TN 37203

Attn: Bankruptcy Clerk's Office

#### In re: Armory Regional Medical Center, Inc. (Case No 18-05675) In re: Batesville Regional Medical Center Inc. (Case No 18-05676) In re: Clarksdale Regional Medical Center Inc. (Case No 18-05678)

Dear Bankruptcy Clerk:

Enclosed herewith for filing are an original and one copy of the proofs of claim (the "Bard Claims") of C.R. Bard, Inc. in each of the three (3) above-referenced cases.

Please return copies of each of the three (3) Bard Claims, stamped "filed", in the enclosed self-addressed overnight envelope.

Thank you for your attention to this matter.

Respectfully submitted,

Connie andonia

Constance Andonian Sr. PA/Sr. Paralegal

Enclosures

ATLANTA AUSTIN BANGKOK BEIJING BOSTON BRUSSELS CHARLOTTE DALLAS DUBAI HOUSTON LONDON LOS ANGELES EW YORK NORFOLK RALEIGH/DURHAM RICHMOND SAN FRANCISCO THE WOODLANDS TYSONS WASHINGTON, DC

Case 3:18-bk-05675 Claim 54-1 Filed 01/18/19 Desc Main Document 18

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## 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: Last Date to file (Govt):

#### **Trustee:**

Creditor: (6824745) C R BARD INC (ADMINISTRATIVE) CO HUNTON ANDREWS KURTH LLP 200 PARK AVENUE NEW YORK NEW YORK 10166 Claim No: 54 Original Filed Date: 01/18/2019 Original Entered Date: 01/18/2019 Status: Filed by: CR Entered by: Intake2 Modified:

Admin claimed: \$929.10

*History:* <u>Details</u> <u>54-1</u> 01/18/2019 Claim #54 filed by C R BARD INC, Admin claimed: \$929.10 (Intake2)

*Description:* (54-1) Goods sold. Other: see attached *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\*

**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	\$929.10	