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

1/18/2019

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?	Xerox Corporation										
	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	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)									
creditor be sent?	Xerox Corporation	,									
Federal Rule of	Name	Name									
Bankruptcy Procedure (FRBP) 2002(g)	POB 660506 DALLAS, TX 75266–9937										
	Contact phone 972-420-5963	Contact phone									
	Contact email vanessa.adams@xerox.com	Contact email									
	Uniform claim identifier for electronic 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 	n) 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									

unsecured:	6.Do you have any number you use to identify the debtor?	Y	No Yes. Last 4 digits of the debtor's a	account or any number	you use to identify th	ne debtor:
a what is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful bankruptcy Rule 3001(c). Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Lease and Services 9. Is all or part of the claim is secured by a lien on property. Nature of property: 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: Amount of the claim that is accured: Amount necessary to cure any default as of the secured show the date of the petition. 10. Is this claim based on a lease? No		\$			include interest	or other charges?
the claim? Construction of the claim is accurated acquises of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Lease and Services 9. Is all or part of the claim secured? Image: Secured? Mo Secured? Image: Secured?				Yes. Attach stat other charges re	tement itemizing i equired by Bankru	nterest, fees, expenses, or uptcy Rule 3001(c)(2)(A).
Lease and Services 9. Is all or part of the claim is secured by a lien on property. Nature of property: Proof of Claim Attachment (Official Form 410–A) with this Proof of Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Claim Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Claim Claim Claim Attachment (Official Form 410–A) with this Proof of Claim Claim Claim Attachment (Official Form 410–A) with this Proof of Claim C		dea [:] Ban	th, or credit card. Attach reda kruptcy Rule 3001(c).	acted copies of any	documents supp	orting the claim required by
claim secured? ☐ Yes. The claim is secured by a lien on property. Nature of property: ☐ 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 (Official Form 410–A) with this Proof of Claim (Dotter vehicle) Basis for perfection:		Lim	-	is entitled to privac	y, such as health	care information.
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: \$ Amount of the claim that is secured: \$ Amount of the claim that is unsecured: \$ Amount necessary to cure any default as of the amount in line of the petition: \$ Amount necessary to cure any default as of the secured amount shoul match the amount in line of the variable % In this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the secured amount shoul match the amount in line of the secure of the petition. 11.1s this claim subject to No			Yes. The claim is secured by Nature of property: Real estate. If the clai Proof of Motor vehicle	m is secured by the	e debtor's principa	al residence, file a <i>Mortgage</i> –A) with this <i>Proof of Claim</i> .
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: \$ Amount necessary to cure any default as of the amount in line of date of the petition: \$ Annual Interest Rate (when case was filed) % Fixed \$ Variable \$ 10.Is this claim based on a lease? No 11.Is this claim subject to No			Basis for perfection:			
Amount of the claim that is secured: \$ (The sum of the secured a unsecured amounts shoul match the amount in line of the petition: Amount necessary to cure any default as of the secured amounts shoul match the amount in line of the petition: Amount necessary to cure any default as of the secured amount in line of the petition: Amount necessary to cure any default as of the secured amount in line of the petition: \$ Annual Interest Rate (when case was filed) % Fixed \$ Variable No 10.Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the secure and the petition. \$ 11.Is this claim subject to No			interest (for example, a mo	rtgage, lien, certific	cate of title, financ	ce of perfection of a security ing statement, or other
secured: Amount of the claim that is unsecured: \$			Value of property:	\$		
Amount of the claim that is				is <u></u> \$		_
date of the petition:			Amount of the claim that	is <u></u>		(The sum of the secured and —unsecured amounts should match the amount in line 7.)
□ Fixed □ Variable 10.Is this claim based on a lease? ■ No Yes. Amount necessary to cure any default as of the date of the petition. 28195.55 11.Is this claim subject to ■ No			Amount necessary to cur date of the petition:	e any default as c	of the	
□ Variable 10.Is this claim based on a lease? □ No Yes. Amount necessary to cure any default as of the date of the petition. \$ 28195.55 11.Is this claim subject to ☑ No □ No			Annual Interest Rate (whe	en case was filed)		_%
a lease? Yes. Amount necessary to cure any default as of the date of the 28195.55						
			Yes. Amount necessary t	o cure any default	t as of the date c	
	11.Is this claim subject to a right of setoff?					

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	N	No Yes. <i>Check all that apply</i> .		Amount entitled to priority				
A claim may be partly priority and partly		Domestic support obligation under 11 U.S.C. § 507(a)	ons (including alimony and child support) (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 property or services for pe U.S.C. § 507(a)(7).	toward purchase, lease, or rental of ersonal, family, or household use. 11	\$				
		180 days before the bank	nissions (up to \$12,850*) earned within ruptcy petition is filed or the debtor's r is earlier. 11 U.S.C. § 507(a)(4).	\$				
		Taxes or penalties owed t 507(a)(8).	o governmental units. 11 U.S.C. §	\$				
		Contributions to an emplo	yee 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 of adjustment.	nt on 4/01/19 and every 3 years after that for case	es begun on or after the date				
Part 3: Sign Below								
The person completing this proof of claim must	Che	ck the appropriate box:						
sign and date it. FRBP	\checkmark	I am the creditor.						
9011(b).		I am the creditor's attorney o	r authorized agent.					
If you file this claim electronically, FRBP		I am the trustee, or the debto	or, or their authorized agent. Bankruptcy I	Rule 3004.				
5005(a)(2) authorizes courts to establish local rules		I am a guarantor, surety, end	lorser, or other codebtor. Bankruptcy Rul	e 3005.				
specifying what a signature is.	l und the a	erstand that an authorized signature mount of the claim, the creditor gave	e on this Proof of Claim serves as an acknowledge e the debtor credit for any payments received tow	ment that when calculating ard the debt.				
A person who files a			roof of Claim and have a reasonable belief that th	ne information is true				
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.		correct. lare under penalty of perjury that the	e foregoing is true and correct.					
18 U.Ś.C. §§ 152, 157 and 3571.	Exe	cuted on date 1/18/2019	9					
		MM / DD /	YYYY					
	/s/ 1	Vanessa O. Adams						
	Sign	ature						
	Prin	t the name of the person who	is completing and signing this claim:					
	Nan	ne	Vanessa O. Adams					
			First name Middle name Last name					
	Title)	Bankruptcy Coord. / Mediator					
	Con	npany	Xerox Corporation					
			Identify the corporate servicer as the company if servicer	the authorized agent is a				
	Add	ress	POB 660506					
			Number Street					
			DALLAS, TX 75026–9937					
			City State ZIP Code					
	Con	tact phone 972-420-5963	· · ·	exerox.com				

Official Form 410

Proof of Claim

Fill in this information to identify the case:
Debtor 1 ARMORY REGIONAL MEDICAL CENTER, INC
Debtor 2 (Spouse_If filing)
United States Bankruptcy Court for the Middle District of Tennessee
Case number 18-05675

Official Form 410 Proof of Claim

12/15

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

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

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

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

Part 1: Identify the Claim

1.	Who is the current creditor?	XEROX CORPO Name of the current cre Other names the credito	ditor (the person or e	ntity to be paid for this cla r	,		
2.	Has this claim been acquired from someone else?	Vo Yes. From whor	n?				5.00 g
3.	Where should notices and payments to the creditor be sent?	Where should notic Xerox Corporati			Where should p different)	payments to the creditor b	e sent? (if
	Federal Rule of	Name			Name		
	Bankruptcy Procedure (FRBP) 2002(g)	P O BOX 66050	6				
	(1101) 2002(9)	Number Street			Number Str	eet	
		DALLAS	ТХ	75266			
		City	State	ZIP Code	City	State	ZIP Code
		Contact phone 972-4					_
		Contact email Vane:	ssa.adams@xe	rox.com	Contact email		_
		Uniform claim identifier	for electronic paymer	nts in chapter 13 (if you u	se one):		
4.	Does this claim amend one already filed?	Vo Yes. Claim num	iber on court claim:	s registry (if known) _		Filed on / DD	/ үүүү
5.	Do you know if anyone else has filed a proof of claim for this claim?	Vo Yes. Who made	e the earlier filing?				

Official Form 410

Proof of Claim

page 1

Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 1 of 26

Do you have any number you use to identify the debtor?	 No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
How much is the claim?	\$28,195.55. Does this amount include interest or other charges?
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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.
	LEASE & SERVICES
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: \$
	Annual Interest Rate (when case was filed)%
). Is this claim based on a	
lease?	28,195.55
Is this claim subject to a	
right of setoff?	Yes. Identify the property:
Official Form 410	Proof of Claim page 2

12. Is all or part of the claim	2 No	
entitled to priority under 11 U.S.C. § 507(a)?	C Yes. Check all that apply:	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).	s
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
	Wages, salaries, or commissions (up to \$12,475°) 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).	S
	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 4/01/16 and every 3 years after that for cases begun on or aft	er the date of adjustment.

Part 3: **Sign Below**

The person completing

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

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

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

Check the appropriate box:

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

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

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

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

01/18/2019 Executed op date MM / DD Signature

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

Name	Vanessa	О.		Adams	
	First name	Middle na	me	Last name	
Title	Bankruptc	y Coordinator / Media	lor		
Company	Хегох Сог	poration			
	Identify the corp	porate servicer as the company	if the authorized agent i	is a servicer.	
Address	POB 6605	06			
	Number	Street			
	DALLAS		ТХ	75266	
	City		State	ZIP Code	
Contact phone	<u>972-420-5</u>	963	Email Val	ne <u>ssa.adams@xero</u>	x.com

Official Form 410

Proof of Claim

Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 3 of 26

Xerox Comoration

Xerox Corporation Vanessa O. Adams 1303 Ridgeview Drive -450 Lewisville, TX 75057

Case 3:18-bk-05675

Telephone: 972-420-5963 vanessa.adams@xerox.com

unities of the series of the s

AMORY REGIONAL MEDICAL CENTER, INC.

	Fair Market Value																						
1	Serial Numbers	EX7392100	EX7392100	EX7392100																			
\$ 28,195.55	Principle Balance																						
	Invoice Amount	\$ 425.61	\$ 413.28	\$ 337.42	\$ 519.91	\$ 401.51	\$ 380.21	\$ 580.20	\$ 223.88	\$ 6,644.23	\$ 5,853.70	\$ 2,121.69	\$ 2,268.42	\$ 3,643.87	\$ 213.92	\$ 66.21	\$ 36.39	\$ 36.39	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52	\$ 252.52
	Invoice Date	4/1/2018	4/20/2018	5/12/2018	4/25/2018	5/29/2018	6/26/2018	7/27/2018	8/24/2019	4/25/2018	5/29/2018	6/26/2018	7/27/2018	8/24/2018	5/12/2018	06/20/18	07/01/18	8/1/2018	5/3/2018	6/5/2018	6/8/2018	5/3/2018	6/5/2018
Total Due:	Invoice Number	088587788	092915481	093217122	702184083	702192562	702202378	702211876	702220514	702183997	702192475	702202291	702211790	702220430	093217125	093554566	093673293	093964186	503013826	503041814	503069078	503013828	503041816
	Customer Number	714220480			724693460					724693478					724693486				950755140			950755165	

	503069080	6/8/2018	\$ 252.52			
	503096381	8/7/2018	\$ 252.52		_	
950755264	503013825	5/3/2018	\$ 250.74			
	503041813	6/5/2018	\$ 250.74			
	503069077	7/4/2018	\$ 205.74			
956705958	502812131	10/04/17	\$ 256.03		EX7432618	
	502841827	11/07/17	\$ 256.03		EX7432618	
	502871053	12/05/17	\$ 256.03		EX7432618	
956706089	503013831	5/3/2018	\$ 266.67		EX7432958	
	503041819	6/5/2018	\$ 266.67		EX7432958	
956706105	503013832	5/3/2018	\$ 252.42		EX7431916	
AIDDLE DIST. TN NSVL			\$ 28,195.55	- s		۰ \$
18-05675						

Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 5 of 26

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07/28/2013 11:32 FAX



Purchase Agreement

Customer: AMORY HMA INC

BIITO: GILMORE MEMORIAL HOSP INC / HMA INC ACCOUNT DEPT 1105 EARL FRYE BLVD AMORY, MS 38821-5500 Instalt: GILMORE MEMORIAL 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Tax (Dd: 11111

Negotiated Contract : 010431025

Product Ocscription	Agreemen	t lalounalion	Trade Information	Riguested Install Date
Bonus Tom 1. WC3550X (WORKCENTRE 3550) - Carrier Delivinstal - 500 Sheet Paper Tray	WC3550X:	\$0.00	- Xerox WC4118P S/N YHR698615 Trade-In	8/15/2013
Bonus Item 2. WC3559X (WORKCENTRE 3550) - Carrier Delivinstal - 500 Sheet Paper Tray	WC3550X:	\$0.00	- Xerox WC4118X S/N YHT639286 Trade-in as of Payment 52	8/15/2013
Bonus Itam 3. WC3669X (WORKCENTRE 3669) - Carrier Delivinstal - 500 Sheet Paper Tray	WC3550X:	\$0.00	- Xerox WC4118X S/N YHT639284 Trade-in as of Payment 53	8/15/2013
Total Purchase Amouni		\$0.00 (Exch	uding Applicable Taxes)	

NC3550X	\$15.00	1: Meter 1	All Prints	\$0,0189	- Term: 12 Months - Consumable Supplies Included for all prints
lterr	Montfily		Print Charges	th paging	Mirthusan e raas redune e
famtenance P	and the second second	-	the et there are		Marntenans e Plan Leatures

Customer administration ministra which excellent of 4 pages	t die terme of the agreement neographie dae page.	Thank You for your businessi This Agreement is proudly presented by Xeron and	Tant
Signer: Allen Tyra	Phone: (002)056-7111	Lisa Hodges (962)773-5261	IUTAL
spour: S. Allo Ty-	- Dela:	For Information on your Xerox Account, go to www.xcrox.com/AccountManagement	

WS P49512 07/20/2013 12:11:54

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Page 1 of 4

Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 6 of 26



1

Lease Agreement

Customer: AMORY HMA INC

BITTO: GILMORE MEMORIAL HOSPITAL INC ACCOUNTING DEPT 1105 EARL FRYE BLVD AMORY, MS 38821-5500 Tax IDI: 11111

Negotieled Contract : 010431025

Install: GILMORE MEMORIAL WOMEN'S WELLNESS 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Product Descuption Rem	Agreement In	formation	Trade luformatión	Requested Instal Date	
1. SB4SAPT (SB46A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Wireless Print Kit - Analyst Services	Lease Term: Purchase Option:	48 months FMV	- Xerox WC5638P S/N WRR027027 Trade-In as of Payment 52	e/15/2013	
2. SBASAPT (SBASA PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Wireless Print Kil	Lease Term: Purchase Option:	48 months FMV	- Xerox WCP238 S/N URR896689 Trade-In as of Payment 56	8/15/2013	

1. 5845APT \$337,42 1: BLACK All Prints \$0.0129 - Consumable Supplies included for all prints 2. 5845APT \$309,85 1: BLACK All Prints \$0.0129 - Consumable Supplies included for all prints	Total	\$647.27	Ninittum Payments (Excluding Applicable Taxes)					
1. 5845APT \$337,42 1: BLACK All Prints \$0.0129 - Consumable Supplies included for all prints	2. 5845APT	\$309.85	1: BLACK	All Prints	\$0.0129	- Consumable Supplies Included for all prints		
Editor at 1.4 (Mode)	1. 5845APT	\$337,42	1: BLACK	All Prints	\$0.0129			
Reini Lease Print Charges Maintenance Plan Leatures	Redu		2 P.		lever miner			

Customer editor indigi	ecceipt of the lower of the systematic paper instanting the two page.	Thank You for your business! This Agreement is proudly presented by Xerox and	TINTE
Signer: Allen Tyra	Phone: (100)288-7111	Lisa Hodges (662)773-6261	LUIAL
Spear q All	- Den: 3-/26/13	For Information on your Xerox Account, go to <u>www.acros.com/Account/Manageouscot</u>	
/S P40512 07/26/2013 12:11:54	Confidential - Copyright® 2008 XEROX CO	PORATION, All rights reserved	Page 1 o

Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 7 of 26



Customer: AMORY HMA LLC

 B#ITD:
 GILMORE MEMORIAL
 Install:
 GILMORE MEMORIAL

 REGIONAL HOSP
 REGIONAL HOSP

 ACCOUNTS PAYABLE
 CENTRAL EXTENDED

 1105 EARL FRYE BLVD
 1105 EARL FRYE BLVD

 AMORY, MS 38821-5500
 AMORY, MS 38821-5500

 Tax ID#:
 Negotiated Contract : 072573800

Solution

Product Description tem	Agreement Information		Trade Information	Requested Install Date	
I. WC3615DN (WORKCENTRE 3615DN) - Carrier Defivfinstal - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC4118X S/N YHT739719 Trade-In	9/2/2014	

Monthly Pricing

ltem	Lease Minimum Payment	Maintenance Minimum Payment	Meter	Print Charges Volume Band	Per Phot Rate	Maintenance Plan Features
1. ŴC3615ĎN	\$36.02	513.00	'1: BW	All Prints	\$0.0090	 Consumable Supplies Included for all prints Pricing Fixed for Term
Total	\$36.02	\$13.00	Minimum Payments (Excluding Applicable Taxes)			

Authorized Signature			
Customer acknowledges receipt o which coasists of 3 pages in Signer: James W. Doucette Signature:Maulth	the terms of this agreement cluding this face page. Phone: (999)999-9999 Date: 2011 רבל	Thank You for your business! This Agreement is proudly presented by Xerox and Lisa Hodges (662)803-4096 For information on your Xerox Account, go to www.xerox.com/AccountManagement	MIRIA TOTAL SATISFACTION DUARANTEE
WS 569383 08/22/2014 12:48:25 0146219010010030	Confidential - Copyright® 2008 XEROX COF	RPORATION. All rights reserved.	Page 1 of 3

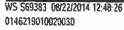
Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 8 of 26

- Billo. GILMORE MEMORIAL REGIONAL HOSP ACCOUNTS PAYABLE 1105 EARL FRYE BLVD AMORY, MS 38821-5500 Tax ID#: . Negotiated Contract : 072573800
- Install: GILMORE MEMORIAL REGIONAL HOSP ICU 1105 EARL FRYE BLVD AMORY, MS 38821-5500

Product Description em	Agreement in	formation	Trade Information	Requested Install Date
WC3615DN (WORKCENTRE 3615DN)				
- Carrier Delivinstal	Lease Term: Purchase Option:	36 months FMV	- Xerox WCM15I S/N PDE171058 Trade-In	9/2/2014

Monthly Pricing Item Lease Maintenance **Print Charges Maintenance Plan Features** Minimum Payment Volume Band Per Pant Rate Meter Maximum Payment 1. WC3615DN \$36.02 \$13.00 1: BW All Prints \$0.0090 - Consumable Supplies Included for all prints - Pricing Fixed for Term Total \$36.02 S13.00 Minimum Payments (Excluding Applicable Taxes)

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Page 2 of 3

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Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 9 of 26

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Terms and Concilions

INTRODUCTION:

 NEGOTIATED CONTRACT. The Products are subject solely to the terms in the Negotiated Contract identified on the face of this Agreement, and, for any option you have selected that is not addressed in the Negotiated Contract, the then-current standard Xerox terms for such option.

PRICING PLAN/OFFERING SELECTED:

2. SEPARATELY BILLED MAINTENANCE. If a Minimum Payment is included in Maintenance Plan Features for an item of Equipment, the Minimum Payment for Maintenance Services will be billed separately.

 FIXED PRICING. If "Pricing Fixed for Term" is identified in Maintenance Plan Features, the maintenance component of the Minimum Payment and Print Charges will not increase during the initial Term of this Agreement.

GENERAL TERMS & CONDITIONS:

4. REMOTE SERVICES. Certain models of Equipment are supported and serviced using data that is automatically collected by Xerox or transmitted to or from Xerox by the Equipment connected to Customer's network ("Remote Data") via electronic transmission to a secure off-site tocation ("Remote Data Access"). Remote Data Access also enables Xerox to transmit to Customer Releases for Software and to remotely diagnose and modify Equipment to repair and correct malfunctions. Examples of Remote Data include product registration, meter read, supply level, Equipment configuration and settings, software version, and problem/fault code data. Remole Data may be used by Xerox for billing, report generation, supplies replenistment, support services, recommending additional products and services, and product improvement/development purposes. Remote Data will be transmitted to and from Customer in a secure manner specified by Xerox. Remote Data Access will not allow Xerox to read, view or download the content of any Customer documents or other information residing on or passing through the Equipment or Customer's information management systems. Customer grants the right to Xerox, without charge, to conduct Remote Data Access for the purposes described above. Upon Xerox s request, Customer will provide contact information for Equipment such as name and address of Customer contact and IP and physical addresses/locations of Equipment. Customer will enable Remote Data Access via a method prescribed by Xerox, and Customer will provide reasonable assistance to allow Xerox to provide Remote Data Access. Unless Xerox deems Equipment incapable of Remote Data Access, Customer will ensure that Remote Data Access is maintained at all times Maintenance Services are being performed.

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Customer: AMORY HMA PHYSICIAN MANAGEMENT LLC

BillTo: AMORY HMA PHYSICIAN Install: FAMILY HEALTH CLINIC MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#:.. Negotialed Contract : 072573800

302 HOSPITAL RD FULTON, MS 38843-6002

Product Description	Agreement In	formation	Trade Information	Requested Install Date	
1. 5855APT (S855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term Purchase Option:	36 months FMV	- Xerox WC5638P S/N WRR028399 Trade-In as of Payment 58	9/3/2014	

Monthly Pricing

tem	Lease	Maintenance Minimum Payment	Meter	Print Charges Voume Band	Per Print Rate	Maintenance Plan Features
1. 5855APT	\$234.34	\$38.00	1: BLACK	All Prints	\$0 0057	Consumable Supplies Included for all prints Pricing Fixed for Term
Total	\$234.34	\$38.00	Minimum Pa	yments (Excludin	g Applicable Ta	xes)

18.444.944.9549.044.154.154.954.954.954.954.954.154.154.9549月14846.5554344.9549345.554.9543.3543.2549.3549

Customer acknowledges receipt of the terms of this agreement which consists of 8 pages including this face and 25 Signer: James W. Doucette James W. DOUCELLE Signer: James W. Doucette James W. DOUCELLE Signature: Grand M. Freedet Date 91.2/14	Thank You for your business! This Agreement is proudy presented by Xerox and Lisa Hodges (662)773-5261 For information on your Xerox Account, go to <u>www.aerox.com/AccountManagement</u>	VMX IOTAL SUBALINA EUANANTE
K09999 08/27/2014 16:02 38 Confidential - Copyright® 2008 XEROX CDI	PORATION At indus reserved.	Page 1

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BAITO: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#: . Negotiated Contract : 072573800

Install: FAMILY HEALTH CLINIC 305 HIGHWAY 45 N ABERDEEN, MS 39730-2370

Product Description	Agreement Ir	lormation	Trade Information	Requested Install Date
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRR02B463 Trade-In as of Payment 58	.9/3/2014

Monthly Pricing

ltem	Lease Minimum Payment	Maintenance Minimum Payment	Meter	Print Charges Volume Band	Per Print Rate	Maintenance Plan Features
1.5855APT	\$236.00	\$38.00	1: BLACK	All Prints	\$0.0057	Consumable Supplies Included for all prints Pricing Fixed for Term
Total	\$236.00	\$38.00	Minimum Payments (Excluding Applicable Taxes)			

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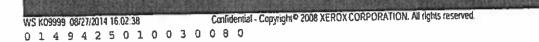


Install: FAMILY HEALTH CLINC STE GI 1127 EARL FRYE BLVD AMORY, MS 38821-5516

Solution

Product Description Item	Agreement Information		Trade Information	Requested Install Date	
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	Xerox WC5740P S/N XEH074147 Trade-In as of Payment 58 Xerox WC5638P S/N WRR028469 Trade-In as of Payment 58	9/3/2014	

Monthly Pricing Maintenance Plan Features **Print Charges** Maintenance Lease Item Voume Band Per Print Rate Meter Minimum Payment Minimum Payment - Consumable Supplies Included for all prime \$0.0057 All Prints 1: BLACK \$250.43 \$39.00 1. 5855APT - Pricing Fixed for Term Minimum Payments (Excluding Applicable Taxes) \$250.43 \$38.00 Total



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Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 13 of 26

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Lease Agreement

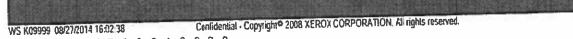
Birto: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#: -Negotiated Contract : 072573800 install: FAMILY HEALTH CLINIC PRIMARY 1107 EARL FRYE BLVD AMORY, MS 38821-5519

Solution

Solution Product Description Item	Agreement in	Agreement Information		Requested Install Date	
1. 5855APT (5855A PT/COP/4TRAV) - 1 Line Fax - Olfice Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option;	36 months FMV	- Xerox WC5632P S/N WRR028453 Trade-in as of Payment 58 - Xerox WC5638P S/N WRR028452 Trade-in as of Payment 58	9/3/2014	
2. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5638P S/N WRR028457 Trade4n as of Payment 58 - Xerox WC5665P S/N W1 M005608 Trade4n as of Payment 58	9/3/2014	

Rem	Lease Miniature Payment	Maintenance Maintan Payment	Meter	Print Charges Volume Band	Per Print Rate	Maintenance Plan Features
1. 5855APT	\$247.89	\$38.00	1: BLACK	All Prints	\$0.0057	- Consumable Supplies Included for all prints - Pricing Fixed for Term
2. 5855APT	\$256.03	538.00	1: BLACK	All Prints	\$0.0057	- Consumable Supplies Included for all prints - Pricing Fixed for Term
Totai	\$503.92	\$76.00	Minimum P	aymen:s (Excludin	g Applicable Ta	xes)

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Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 14 of 26



Balto: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 36821-5414 Tax IDA: . Negoliated Contract : 072573800 Instatt: FAMILY HEALTH CLINIC STE 6 1107 EARL FRYE BLVD AMORY, MS 38821-5519

Solution

Product Description	Agreement Information		Trade Information	Requested Install Date	
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5638P S/N WRR028445 Trade-In as of Payment 58	9/3/2014	

Monthly Pricing

kem	Lease	Maintenance Minimum Payment	Meter	Print Charges Voume Band	Per Print Rate	Maintenance Plan Features
1. 5855APT	Minatum Payment \$236.00	539.00	1: BLACK	All Prints		Consumable Supplies Included for all prints Pricing Fixed for Term
Total	\$236.00	\$38.00	Minimum Pa	yments (Excluding	g Applicable Ta	xes)

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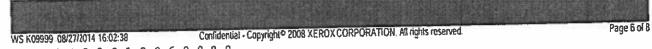
Install: FAMILY HEALTH CLINIC 404 GILMORE DR AMORY, MS 38821-5414

Colution

Solution Product Description Item	Agreement In	formation	Trade Information	Requested Install Date 9/3/2014	
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRR028442 Trade-In as of Payment 58 - Xerox WC5632 S/N WRR028434 Trade-In as of Payment 58		
2. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRR028431 Trade-In as of Payment 58	9/3/2014	

Monthly Pricing Maintenance Plan Features Print Charges Maintenance Lease Item Volume Band Per Print Rate Motor Minimum Payment Maximum Payment - Consumable Supplies Included for all prints \$0.0057 All Prints 1: BLACK \$38.00 \$249.22 1.5855APT - Pricing Fixed for Term - Consumable Supplies included for all prints \$0.0057 All Prints 1: BLACK \$38.00 \$235.91 2. 5855APT - Pricing Fixed for Term Minimum Payments (Excluding Applicable Taxes) \$485.13 \$76.00 Total WHEN A DOWNER WITH ST ft-gfrigt 21-1.0

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Butto: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#

Negotialed Contract : 072573800

Instelf: FAMILY HEALTH CLINIC 40023 GROSS CREEK DR HAMILTON, MS 39746-8801

Solution

Product Description Item	Agreement Information		Trade Information	Requested Install Date
t. 5855APT (5855A PT/COP/4TRAY) • 1 Line Fax • Office Finisher-rohs • Customer Ed • Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRT035394 Trade4n as of Payment 58	9/19/2014

Monthly Pricing

kem	Lease Minimum Payment	Maintenance Minimum Payment	Metor	Print Charges Voume Band	Per Print Rate	Maintenance Plan Features
1. 5855APT	\$235.75	\$38.00	1: BLACK	All Prints	\$0.0057	Consumable Supplies Included for all prints Pricing Fixed for Term
Total	\$235.75	\$38.00	Minimum Payments (Excluding Applicable Taxes)			

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Terms and Corditions

INTRODUCTION:

 NEGOTIATED CONTRACT. The Products are subject solely to the terms in the Negotiated Contract identified on the face of this Agreement, and, for any option you have selected that is not addressed in the Negotlated Contract, the then-current standard Xerox terms for such option.

PRICING PLAN/OFFERING SELECTED:

2. SEPARATELY BILLED MAINTENANCE. If a Minimum Payment is included in Maintenance Plan Features for an item of Equipment the Minimum Payment for Maintenance Services will be billed separately.

3. FIXED PRICING. If "Pricing Fixed for Term" is identified in Maintenance Plan Features, the maintenance component of the Minimum Payment and Print Charges will in not increase during the initial Term of this Agreement.

4. REFINANCE. The "Amount Refinanced" is included in the amount financed under this Agreement. If the Amount Refinanced is under an agreement with a third party, you acknowledge you have the right to terminate the agreement and you will provide Xerox with a statement from the third party identifying the equipment at issue, the amount to be paid off and the payee's name and mailing address. If the Amount Refinanced is under an agreement with Xerox, the refinancing will render your prior agreement null and void. If you breach any of your obligations under this Agreement, the full Amount Refinanced will be immediately due and payable.

GENERAL TERMS & CONDITIONS:

5. REMOTE SERVICES. Centain models of Equipment are supported and serviced

using data that is automatically collected by Xerox or transmitted to or from Xerox by the Equipment connected to Customer's network ("Remote Data") via electronic transmission to a secure off-site location ("Remote Data Access") Remote Data Access also enables Xerox to transmit to Customer Releases for Software and to remotely diagnose and modify Equipment to repair and correct malfunctions. Examples of Remote Data include product registration, meter read, supply level, Equipment conliguration and settings, software version, and problem/lault code data. Remote Data may be used by Xerox for billing, report generation, supplies replenishment, support services, recommending additional products and services, and product improvement/development purposes. Remote Data will be transmitted to and from Customer in a secure manner specified by Xerox. Remote Data Access will not allow Xerox to read, view or download the content of any Customer documents or other information residing on or passing through the Equipment or Customer's information management systems. Customer grants the right to Xerox, without charge, to conduct Remote Data Access for the purposes described above. Upon Xerox s request, Customer will provide contact information for Equipment such as name and address of Customer contact and IP and physical addresses/locations of Equipment. Customer will enable Remote Data Access via a method prescribed by Xerox, and Customer will provide reasonable assistance to allow Xerox to provide Remote Data Access. Unless Xerox deems Equipment incapable of Remote Data Access, Customer will ensure that Remote Data Access is maintained at all times Maintenance Services are being performed.

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Case 3:18-bk-05675 Claim 60-1 Part 2 Filed 01/18/19 Desc Attachment 1 Page 18 of 26



Customen: AMORY HMA PHYSICIAN MANAGEMENT LLC

BillT	MORY HMA PHYSICIAN	Install	FAMILY HEALTH CLI
	MANAGEMENT LLC		302 HOSPITAL RD
	410 GILMORE DR		FULTON, MS 38843-6002
	AMORY, MS 38821-5414		
	Tax ID#		
	Negotiated Contract : 072573800		

Solution

Product Description Item	Agreement Information		Trade Information	Requested install Date
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5638P S/N WRR028399 Trade-In as of Payment 58	9/3/2014

CLINIC

Monthly Pricing Maintenance Maintenance Plan Features 2000000000 Item Lease **Print Charges** Velume Band Per Print Rate Meter Mirlimem Payment Minimum Payment 1. 5855APT \$234.34 \$38.00 1: BLACK All Prints: \$0.0057 - Consumable Supplies Included for all prints - Pricing Fixed for Term Total \$234.34 \$38.00 Minimum Payments (Excluding Applicable Taxes) \$..... In

Authorized Signature

Customer acknowledge which consists of Signer: James W. Doucette Signature:	is receipt of the terms of this agreement 8 pages including this face page. Phone (999)99	19-9999	Thank You for your business! Agreement is proudly presented by Xerox and Lisa Hodges (662)773-5261 r information on your Xerox Account, go to <u>www xerox com/AccountManagement</u>	NIKUY TOTAL SATISFACTION GUARANTEE
WS K09999 09/5/2014 18 35 48	Confidential Copyright® 20	08 XEROX CORPORATION.	All rights reserved	Page 1 of 8
Case 3:18-bk-05675	Claim 60-1 Part 2	Filed 01/18/19 of 26	Desc Attachment 1	Page 19



BillTo: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#: Negotiated Contract : 072573800 Install FAMILY HEALTH CLINIC 305 HIGHWAY 45 N ABERDEEN. MS 39730-2370

Product Description Item	Agreement in	lomation	Trade Information	Requested Install Date
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Olfice Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRR028463 Trade-in as of Payment 58	9/3/2014

Monthly Pricing

ltem	Lease	Maintenance		Print Charges		Maintenance Plan Features
	Minimum Payment	Miranem Payment	Meter	Volume Bard	Per Print Rate	
1. 5855APT	\$236.00	\$38.00	1: BLACK	All Prints	\$0.0057	Consumable Supplies Included for all prints Pricing Fixed for Term
Totai	\$236.00	\$38.00	Minimum Pa	yments (Excluding	Applicable Tax	ස)

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 Page 2 of 8

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 Page 2 of 8

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 Claim 60-1 Part 2
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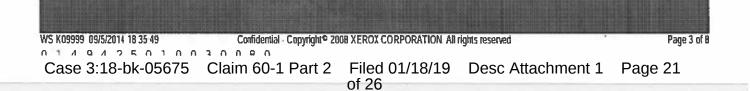
BIIITO: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#:

Install: FAMILY HEALTH CLINIC STE GI 1127 EARL FRYE BLVD AMORY, MS 38821-5516

Negotiated Contract (0)	72573800
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Product Description Item	Agreement in	formation	Trade Information	Requested Install Date
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Olfice Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5740P S/N XEH074147 Trade-In as of Payment 58 - Xerox WC5638P S/N WRR028469 Trade-In as of Payment 58	9/3/2014

ltem	Lease Minimum Payment	Maintenance Minimum Payment	Meter	Print Charges Volume Band	Per Print Rate	Maintenance Plan Features
1. 5855APT	\$250.43	\$38.00	1: BLACK	All Prints	\$0.0057	- Consumable Supplies Included for all prints - Pricing Fixed for Term
Total	\$250.43	\$38.00	Minimum Pa	yments (Excluding	Applicable Tax	(G)





BilTo: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#:. Negotiated Contract : 072573800 Install: FAMILY HEALTH CLINIC PRIMARY 1107 EARL FRYE BLVD AMORY, MS 38821-5519

Solution

Product Description Item	Agreement In	formation	Trade Information	Requested Install Date	
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRR028453 Trade-In as of Payment 58 - Xerox WC5638P S/N WRR028452 Trade-In as of Payment 58	9/3/2014	
2. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5638P S/N WRR028457 Trade-In as of Payment 58 - Xerox WC5665P S/N WTM005608 Trade-In as of Payment 58	9/3/2014	

ltern	Lease Minimum Payment	Maintenance Minimum Payment	Meter	Print Charges Volume Band	Per Print Rate	Maintenance Plan Features
1. 5855APT	\$247.89	\$38.00	1: BLACK	All Prints	\$0.0057	Consumable Supplies Included for all prints Pricing Fixed for Term
2. 5855APT	\$256.03	\$38.00	1: BLACK	All Prints	\$0.0057	Consumable Supplies Included for all prints Pricing Fixed for Term
Total	\$503,92	\$76,00	Minimum Pa	yments (Excluding	g Applicable Tax	

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Page 4 of 8

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BILTO: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#: Negotiated Contract: 072573800

FAMILY HEALTH CLINIC Install: STE 6 1107 EARL FRYE BLVD AMORY, MS 38821-5519

Product Description em	Agreement in	nformation	Trade Information	Requested Install Date
5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Olfice Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5638P S/N WRR028445 Trade-In as of Payment 58	9/3/2014

Monthly Pricing

ltem	Lease	Maintenance		Print Charges		Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Band	Per Print Ratu	
1. 5855APT	\$236.00	\$38.00	1: BLACK	All Prints	\$0.0057	Consumable Supplies Included for all prints Pricing Fixed for Term
Total	\$236.00	\$38.00	Minimum Pay	ments (Excluding	Applicable Tax	(6)

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BIITO: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#: Negotiated Contract 072573800

FAMILY HEALTH CLINIC Install 404 GILMORE DR AMORY, MS 38821-5414

Product Description Item	Agreement In	formation	Trade Information	Requested Install Date 9/3/2014
1. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRR028442 Trade-In as of Payment 58 - Xerox WC5632 S/N WRR028434 Trade-In as of Payment 58	
2. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Ollice Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRR028431 Trade-In as of Payment 58	9/3/2014

ltem	Lease Minimum Payment	Maintenance Minimum Payment	Meler	Print Charges Volume Band	Per Print Rate	Maintenance Plan Features
1. 5855APT	\$249.22	\$38.00	1: BLACK	Al Prints	\$0.0057	Consumable Supplies Included for all prints Pricing Fixed for Term
2. 5855APT	\$235.91	\$38.00	1: BLACK	All Prints	\$0.0057	Consumable Supplies Included for all prints Pricing Fixed for Term
Total	\$485.13	\$76.00	Minimum Pa	yments (Excluding	Applicable Tax	(65)

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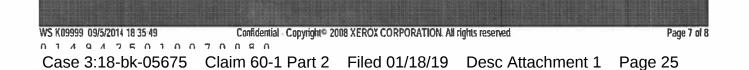


BIITO: AMORY HMA PHYSICIAN MANAGEMENT LLC 410 GILMORE DR AMORY, MS 38821-5414 Tax ID#:: Negotiated Contract : 072573800 Install: FAMILY HEALTH CLINIC 40023 CROSS CREEK DR HAMILTON, MS 39746-6801

Product Description tem	Agreement in	formation	Trade Information	Requested Install Date
. 5855APT (5855A PT/COP/4TRAY) - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services	Lease Term: Purchase Option:	36 months FMV	- Xerox WC5632P S/N WRT035394 Trade-In as of Payment 58	9/19/2014

Monthly Pricing

Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Manimum Payment	Minimum Payment	Meter	Volume Band	Per Print Rate	
1. 5855APT	\$235.75	\$38.00	1: BLACK	All Prints	\$0.0057	- Consumable Supplies Included for all prints - Pricing Fixed for Term
Total	\$235.75	\$38.00	Minimum Payments (Excluding Applicable Taxes)			



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Terms and Conditions

INTRODUCTION:

 NEGOTIATED CONTRACT. The Products are subject solely to the terms in the Negotiated Contract identified on the face of this Agreement, and, for any option you have selected that is not addressed in the Negotiated Contract, the then-current standard Xerox terms for such option.

PRICING PLAN/OFFERING SELECTED:

2. SEPARATELY BILLED MAINTENANCE. If a Minimum Payment is included in Maintenance Plan Features for an item of Equipment, the Minimum Payment for Maintenance Services will be billed separately

3. FIXED PRICING. If "Pricing Fixed for Term" is identified in Maintenance Plan Features, the maintenance component of the Minimum Payment and Print Charges will not increase during the initial Term of this Agreement.

4. REFINANCE. The "Amount Refinanced" is included in the amount financed under this Agreement. If the Amount Refinanced is under an agreement with a third party, you acknowledge you have the right to terminate the agreement and you will provide Xerox with a statement from the third party identifying the equipment at issue, the amount to be paid off and the payee's name and mailing address. If the Amount Refinanced is under an agreement with Xerox, the refinancing will render your prior agreement null and void. If you breach any of your obligations under this Agreement, the full Amount Refinanced will be immediately due and payable

GENERAL TERMS & CONDITIONS:

5. REMOTE SERVICES. Certain models of Equipment are supported and serviced

using data that is automatically collected by Xerox or transmitted to or from Xerox by the Equipment connected to Customer's network ("Remote Data") via electronic transmission to a secure off site location ("Remote Data Access") Remote Data Access also enables Xerox to transmit to Customer Releases for Software and to remotely diagnose and modify Equipment to repair and correct malfunctions. Examples of Remote Data include product registration, meter read, supply level, Equipment configuration and settings, software version, and problem/fault code data. Remote Data may be used by Xerox for billing, report generation, supplies replenishment, support services, recommending additional products and services, and product improvement/development purposes. Remote Data will be transmitted to and from Customer in a secure manner specified by Xerox. Remote Data Access will not allow Xerox to read, view or download the content of any Customer documents or other information residing on or passing through the Equipment or Customer's information management systems. Customer grants the right to Xerox, without charge, to conduct Remote Data Access for the purposes described above. Upon Xerox s request, Customer will provide contact information for Equipment such as name and address of Customer contact and IP and physical addresses/locations of Equipment Customer will enable Remote Data Access via a method prescribed by Xerox, and Customer will provide reasonable assistance to allow Xerox to provide Remote Data Access Unless Xerox deems Equipment incapable of Remote Data Access, Customer will ensure that Remote Data Access is maintained at all times Maintenance Services are being performed

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Filed 01/18/19 Desc Attachment 1

Case 3:18-bk-05675 Claim 60-1 Part 2

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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:

Trustee:

Creditor: (6824998) Xerox Corporation POB 660506 DALLAS, TX 75266-9937 Last Date to file claims: Last Date to file (Govt): Claim No: 60 Status:

Original Filed Date: 01/18/2019 Original Entered Date: 01/18/2019 Status: Filed by: CR Entered by: admin Modified:

Amount claimed: \$28195.55

History:

Details 60-1 01/18/2019 Claim #60 filed by Xerox Corporation, Amount claimed: \$28195.55 (admin)

Description: 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* \$28195.55

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		