

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 Claim

1. Who is the current creditor?	<u>Xerox Corporation</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Xerox Corporation</u> Name POB 660506 DALLAS, TX 75266-9937 Contact phone <u>972-420-5963</u> Contact email <u>vanessa.adams@xerox.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div>\$ 28195.55</div><div>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</div></div>
8. What is the basis of the claim?	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p style="text-align: center;">Lease and Services</p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div> <div>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> <div>Basis for perfection: _____</div> <div>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.)</div> <div><div>Value of property:</div><div>\$ _____</div><div>Amount of the claim that is secured:</div><div>\$ _____</div><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div><div>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition.</div> <div style="text-align: right;">\$ 28195.55</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</div>

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

Part 3: Sign Below

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

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

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

Check the appropriate box:

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

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

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

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

Executed on date 1/18/2019
MM / DD / YYYY

/s/ Vanessa O. Adams
Signature

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

Name	<u>Vanessa O. Adams</u>		
	First name	Middle name	Last name
Title	<u>Bankruptcy Coord. / Mediator</u>		
Company	<u>Xerox Corporation</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>POB 660506</u>		
	<u>DALLAS, TX 75026-9937</u>		
	City	State	ZIP Code
Contact phone	<u>972-420-5963</u>	Email	<u>vanessa.adams@xerox.com</u>

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?	<u>XEROX CORPORATION</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Xerox Corporation c/o V.O. Adams</u> Name <u>P O BOX 660506</u> Number Street <u>DALLAS TX 75266</u> City State ZIP Code Contact phone <u>972-420-5963</u> Contact email <u>vanessa.adams@xerox.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

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

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 28,195.55. Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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.

LEASE & SERVICES

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: \$ _____

Annual Interest Rate (when case was filed) _____ %
☐ 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. \$ 28,195.55

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ 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).

\$ _____

☐ 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 after the date of adjustment.

Part 3: Sign Below

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

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

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

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 01/18/2019

MM / DD / YYYY

Signature

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

Name Vanessa O. Adams
First name Middle name Last name

Title Bankruptcy Coordinator / Mediator

Company Xerox Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address POB 660506
Number Street
DALLAS TX 75266
City State ZIP Code

Contact phone 972-420-5963 Email vanessa.adams@xerox.com



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

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

Customer Name :

AMORY REGIONAL MEDICAL CENTER, INC.

Total Due:

\$ 28,195.55

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

	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		
MIDDLE DIST. TN NSVL			\$	28,195.55			\$
18-05675							

Purchase Agreement



Customer: AMORY HMA INC

Bill To: GILMORE MEMORIAL
 HOSP INC / HMA INC
 ACCOUNT DEPT
 1105 EARL FRYE BLVD
 AMORY, MS 38821-5500
 Tax ID#: 11111

Install: GILMORE MEMORIAL
 1105 EARL FRYE BLVD
 AMORY, MS 38821-5500

Negotiated Contract : 010431025

Solution		Agreement Information		Trade Information	Requested Install Date
Item	Product Description				
	Bonus Item				
1. WC3550X (WORKCENTRE 3550)	WC3550X:	\$0.00	- Xerox WC4118P S/N YHR698615	8/15/2013	
	- Carrier Deliv/instal		Trade-In		
	- 500 Sheet Paper Tray				
	Bonus Item				
2. WC3550X (WORKCENTRE 3550)	WC3550X:	\$0.00	- Xerox WC4118X S/N YHT639286	8/15/2013	
	- Carrier Deliv/instal		Trade-In as of Payment 52		
	- 500 Sheet Paper Tray				
	Bonus Item				
3. WC3550X (WORKCENTRE 3550)	WC3550X:	\$0.00	- Xerox WC4118X S/N YHT639284	8/15/2013	
	- Carrier Deliv/instal		Trade-In as of Payment 53		
	- 500 Sheet Paper Tray				
Total Purchase Amount		\$0.00 (Excluding Applicable Taxes)			

Maintenance Pricing					
Item	Monthly	Print Charges		Maintenance Plan Features	
1. WC3550X	\$15.00	1: Meter 1	All Prints	\$0.0789	- Term: 12 Months - Consumable Supplies Included for all prints

Authorized Signature Customer acknowledges receipt of the terms of this agreement which consists of 4 pages including this base page.		Thank You for your business! This Agreement is proudly presented by Xerox and Lisa Hodges (862)777-6281 For information on your Xerox Account, go to www.xerox.com/AccountManagement
Signer: Allen Tyra Signature:	Phone: (862)656-7111 Date: 7/26/13	

Lease Agreement



Customer: AMORY HMA INC

BMT: GILMORE MEMORIAL
 HOSPITAL INC
 ACCOUNTING DEPT
 1105 EARL FRYE BLVD
 AMORY, MS 38821-5500

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

Tax ID#: 11111

Negotiated Contract : 010431025

Solution		Trade Information	
Item	Product Description	Agreement Information	Requested Install Date
1. 5845APT (5845A PT/COPY/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rolls - Wireless Print Kit - Analyst Services 	Lease Term: 48 months Purchase Option: FMV	- Xerox WC5638P S/N WRR027027 Trade-In as of Payment 52 8/15/2013
2. 5845APT (5845A PT/COPY/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rolls - Wireless Print Kit 	Lease Term: 48 months Purchase Option: FMV	- Xerox WCP238 S/N URR896689 Trade-In as of Payment 56 8/15/2013

Monthly Pricing					
Item	Lease	Print Charges			Maintenance Plan Features
	Amount	Color	Monochrome	Per Page	
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	Minimum Payments (Excluding Applicable Taxes)			

Authorized Signature

Customer acknowledges receipt of the terms of this agreement which consists of 7 pages including this lease page.		Thank You for your business! This Agreement is proudly presented by Xerox and Lisa Hodges (662)773-5261 For information on your Xerox Account, go to www.xerox.com/AccountManagement	
Signer: Allen Tyra Signature:	Phone: (662)896-7111 Date: 7/26/13		

Lease Agreement



Customer: AMORY HMA LLC

Bill To: GILMORE MEMORIAL
REGIONAL HOSP
ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500

Install: GILMORE MEMORIAL
REGIONAL HOSP
CENTRAL EXTENDED
1105 EARL FRYE BLVD
AMORY, MS 38821-5500

Tax ID#:

Negotiated Contract : 072573800

Solution

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

Monthly Pricing

Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Band	Per Print Rate	
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	\$13.00	Minimum Payments (Excluding Applicable Taxes)			

Authorized Signature

Customer acknowledges receipt of the terms of this agreement which consists of 3 pages including this face page.

Signer: James W. Doucette

Phone: (999)999-9999

Signature: *James W. Doucette*

Date: 8/27/14

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



Lease Agreement



Bill To: GILMORE MEMORIAL
REGIONAL HOSP
ACCOUNTS PAYABLE
1105 EARL FRYE BLVD
AMORY, MS 38821-5500

Install: GILMORE MEMORIAL
REGIONAL HOSP
ICU
1105 EARL FRYE BLVD
AMORY, MS 38821-5500

Tax ID#:

Negotiated Contract : 072573800

Solution

Item	Product Description	Agreement Information	Trade Information	Requested Install Date
1. WC3615DN (WORKCENTRE 3615DN)	- Carrier Deliv/Instal - Analyst Services	Lease Term: 36 months Purchase Option: FMV	- Xerox WCM15I S/N PDE171058 Trade-In	9/2/2014

Monthly Pricing

Item	Lease Minimum Payment	Maintenance Minimum Payment	Print Charges			Maintenance Plan Features
			Meter	Volume Band	Per Print Rate	
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	\$13.00	Minimum Payments (Excluding Applicable Taxes)			

Terms and Conditions

INTRODUCTION:

1. 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.

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 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.

Lease Agreement



Customer: AMORY HMA PHYSICIAN MANAGEMENT LLC

Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

Install: FAMILY HEALTH CLINIC
302 HOSPITAL RD
FULTON, MS 38843-6002

Tax ID#:

Negotiated Contract : 072573800

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

Monthly Pricing						
Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Band	Per Print Rate	
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)			

Authorized Signature

Customer acknowledges receipt of the terms of this agreement which consists of 8 pages including this face page.

Signer: James W. Doucette
James W. Doucette
Sr. VP Finance & Treasury (999)999-9999

Signature: James W. Doucette Date: 9/2/14

Thank You for your business!
This Agreement is proudly presented by Xerox and
Lisa Hodges
(662)773-5261

For information on your Xerox Account, go to
www.xerox.com/AccountManagement



Lease Agreement



Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

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

Tax ID#:

Negotiated Contract : 072573800

Solution		Agreement Information	Trade Information	Requested Install Date
Item	Product Description			
1. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	- Xerox WC5632P S/N WRR02B463 Trade-In as of Payment 58	9/3/2014

Monthly Pricing						
Item	Lease Minimum Payment	Maintenance Minimum Payment	Print Charges			Maintenance Plan Features
			Meter	Volume Band	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
Total	\$236.00	\$38.00	Minimum Payments (Excluding Applicable Taxes)			

Lease Agreement



Bill To: AMORY HMA PHYSICIAN
 MANAGEMENT LLC
 410 GILMORE DR
 AMORY, MS 38821-5414

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

Tax ID#:

Negotiated Contract: 072573800

Solution		Agreement Information	Trade Information	Requested Install Date
Item	Product Description			
1. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: 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						
Item	Lease Minimum Payment	Maintenance Minimum Payment	Print Charges			Maintenance Plan Features
			Meter	Volume Band	Per Print Rate	
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 Payments (Excluding Applicable Taxes)			

Lease Agreement



Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

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

Tax ID#:

Negotiated Contract : 072573800

Solution		Agreement Information	Trade Information	Requested Install Date
Item	Product Description			
1. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - 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)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - Xerox WC5638P S/N WRR028457 Trade-In as of Payment 58 - Xerox WC5665P S/N W1MU05606 Trade-In as of Payment 58 	9/3/2014

Monthly Pricing						
Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Band	Per Print Rate	
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 Payments (Excluding Applicable Taxes)			

Lease Agreement



Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

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

Tax ID#: .

Negotiated Contract : 072573800

Solution

Item	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: 36 months Purchase Option: FMV	- Xerox WC5638P S/N WRR028445 Trade-In as of Payment 58	9/3/2014

Monthly Pricing

Item	Lease Minimum Payment	Maintenance Minimum Payment	Print Charges			Maintenance Plan Features
			Meter	Volume Band	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
Total	\$236.00	\$38.00	Minimum Payments (Excluding Applicable Taxes)			

Lease Agreement



BAITo: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

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

TexID#: .

Negotiated Contract : 072573800

Solution		Agreement Information	Trade Information	Requested Install Date
Item	Product Description			
1. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - Xerox WC5632P S/N WRR028442 Trade-In as of Payment 58 - Xerox WC5632 S/N WRR028434 Trade-In as of Payment 58 	9/3/2014
2. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - Xerox WC5632P S/N WRR028431 Trade-In as of Payment 58 	9/3/2014

Monthly Pricing						
Item	Lease Minimum Payment	Maintenance Minimum Payment	Print Charges			Maintenance Plan Features
			Miles	Volume Band	Per Print Rate	
1. 5855APT	\$249.22	\$38.00	1: BLACK	All Prints	\$0.0057	<ul style="list-style-type: none"> - Consumable Supplies Included for all prints - Pricing Fixed for Term
2. 5855APT	\$235.91	\$38.00	1: BLACK	All Prints	\$0.0057	<ul style="list-style-type: none"> - Consumable Supplies Included for all prints - Pricing Fixed for Term
Total	\$485.13	\$76.00	Minimum Payments (Excluding Applicable Taxes)			

Lease Agreement



Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

Install: FAMILY HEALTH CLINIC
40023 CROSS CREEK DR
HAMILTON, MS 39746-8801

Tax ID#:

Negotiated Contract: 072573800

Solution

Item	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: 36 months Purchase Option: FMV	- Xerox WC5632P S/N WRT035394 Trade-In as of Payment 58	9/19/2014

Monthly Pricing

Item	Lease Minimum Payment	Maintenance Minimum Payment	Print Charges			Maintenance Plan Features
			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)			

Terms and Conditions

INTRODUCTION:

1. 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.

Lease Agreement



Customer: AMORY HMA PHYSICIAN MANAGEMENT LLC

Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

Install: FAMILY HEALTH CLINIC
302 HOSPITAL RD
FULTON, MS 38843-6002

Tax ID#:

Negotiated Contract: 072573800

Solution

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

Monthly Pricing

Item	Lease Minimum Payment	Maintenance Minimum Payment	Print Charges			Maintenance Plan Features
			Meter	Volume Band	Per Print Rate	
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)			

Authorized Signature

Customer acknowledges receipt of the terms of this agreement
which consists of 8 pages including this face page.

Signer: James W. Doucette

Phone: (999)999 9999

Signature: _____

Date: _____

Thank You for your business!
This Agreement is proudly presented by Xerox and

Lisa Hodges
(662)773-5261

For information on your Xerox Account, go to
www.xerox.com/AccountManagement



Lease Agreement



Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

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

Tax ID#:

Negotiated Contract: 072573800

Solution

Item	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: 36 months Purchase Option: FMV	- Xerox WC5632P S/N WRR028463 Trade-in as of Payment 58	9/3/2014

Monthly Pricing

Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Band	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
Total	\$236.00	\$38.00	Minimum Payments (Excluding Applicable Taxes)			

Lease Agreement



Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

Install: FAMILY HEALTH CLINIC
STE G1
1127 EARL FRYE BLVD
AMORY, MS 38821-5516

Tax ID#:

Negotiated Contract: 072573800

Solution

Item	Product Description	Agreement Information	Trade Information	Requested Install Date
1. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - 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

Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Band	Per Print Rate	
1. 5855APT	\$250.43	\$38.00	1: BLACK	All Prints	\$0.0057	<ul style="list-style-type: none"> - Consumable Supplies Included for all prints - Pricing Fixed for Term
Total	\$250.43	\$38.00	Minimum Payments (Excluding Applicable Taxes)			

Lease Agreement



Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

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

Tax ID#:

Negotiated Contract: 072573800

Solution

Item	Product Description	Agreement Information	Trade Information	Requested Install Date
1. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - 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)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - 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

Monthly Pricing

Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Band	Per Print Rate	
1. 5855APT	\$247.89	\$38.00	1: BLACK	All Prints	\$0.0057	<ul style="list-style-type: none"> - Consumable Supplies Included for all prints - Pricing Fixed for Term
2. 5855APT	\$256.03	\$38.00	1: BLACK	All Prints	\$0.0057	<ul style="list-style-type: none"> - Consumable Supplies Included for all prints - Pricing Fixed for Term
Total	\$503.92	\$76.00	Minimum Payments (Excluding Applicable Taxes)			

Lease Agreement



Bill To: AMORY HMA PHYSICIAN
 MANAGEMENT LLC
 410 GILMORE DR
 AMORY, MS 38821-5414

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

Tax ID#:

Negotiated Contract: 072573800

Solution

Item	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: 36 months Purchase Option: FMV	- Xerox WC5638P S/N WRR028445 Trade-In as of Payment 58	9/3/2014

Monthly Pricing

Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Band	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
Total	\$236.00	\$38.00	Minimum Payments (Excluding Applicable Taxes)			

Lease Agreement



Buyer: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

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

Tax ID#:

Negotiated Contract: 072573800

Solution

Item	Product Description	Agreement Information	Trade Information	Requested Install Date
1. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - Xerox WC5632P S/N WRR028442 Trade-In as of Payment 58 - Xerox WC5632 S/N WRR028434 Trade-In as of Payment 58 	9/3/2014
2. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: FMV	<ul style="list-style-type: none"> - Xerox WC5632P S/N WRR028431 Trade-In as of Payment 58 	9/3/2014

Monthly Pricing

Item	Lease	Maintenance	Print Charges			Maintenance Plan Features
	Minimum Payment	Minimum Payment	Meter	Volume Based	Per Print Rate	
1. 5855APT	\$249.22	\$38.00	1: BLACK	All Prints	\$0.0057	<ul style="list-style-type: none"> - Consumable Supplies Included for all prints - Pricing Fixed for Term
2. 5855APT	\$235.91	\$38.00	1: BLACK	All Prints	\$0.0057	<ul style="list-style-type: none"> - Consumable Supplies Included for all prints - Pricing Fixed for Term
Total	\$485.13	\$76.00	Minimum Payments (Excluding Applicable Taxes)			

Lease Agreement



Bill To: AMORY HMA PHYSICIAN
MANAGEMENT LLC
410 GILMORE DR
AMORY, MS 38821-5414

Install: FAMILY HEALTH CLINIC
40023 CROSS CREEK DR
HAMILTON, MS 39746-8801

Tax ID#:

Negotiated Contract: 072573800

Solution

Item	Product Description	Agreement Information	Trade Information	Requested Install Date
1. 5855APT (5855A PT/COP/4TRAY)	<ul style="list-style-type: none"> - 1 Line Fax - Office Finisher-rohs - Customer Ed - Analyst Services 	Lease Term: 36 months Purchase Option: 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
	Minimum 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)			



Terms and Conditions

INTRODUCTION:

1. 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.

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: (6824998)

Claim No: 60

Status:

Xerox Corporation

Original Filed

Filed by: CR

POB 660506

Date: 01/18/2019

Entered by: admin

DALLAS, TX 75266-9937

Original Entered

Modified:

Date: 01/18/2019

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		