

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <i>Amory Regional Medical Inc</i>	Chapter 11	ADMINISTRATIVE BAR DATE: January 21, 2019 <div style="text-align: right;"> FILED JAN 22 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN </div>
Debtor.	Case No. <i>18-05675</i>	
NOTE: This form should be used <u>only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9)</u> . This form should not be used for any other types of claim.		
Name of creditor: (The person or other entity to whom the debtor owed money or property.) <i>Olympus Corporation of the Americas.</i>	Name of debtor: (The entity owing money or property) <input type="checkbox"/> Curae Health, Inc. <input checked="" type="checkbox"/> <i>Amory Regional Medical Center, Inc.</i> <input type="checkbox"/> Batesville Regional Medical Center, Inc. <input type="checkbox"/> Clarksdale Regional Medical Center, Inc. <input type="checkbox"/> Amory Regional Physicians, LLC <input type="checkbox"/> Batesville Regional Physicians, LLC <input type="checkbox"/> Clarksdale Regional Physicians, LLC	
Name and addresses where notices should be sent: <i>3500 Corporate Parkway Center Valley, PA 18034 Attn Joseph McNamara</i> <i>484-896-5371</i> Telephone number: Email: <i>Joseph.mcnamara@olympus.com</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if your address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: <i>0653</i>	<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Claim number (if known): _____. Filed on: _____.	
1. Basis for claim: <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Other (describe briefly)	2. Date debt was incurred: <i>From 8/13/18 thru 8/20/18</i>	
3. Date goods were received by debtor: <i>8/14/18 thru 8/24/18</i>		
4. Total amount of claim as of the date the debt was incurred: <i>\$ 5,495.83</i>		

☐ Check this box if the request includes interest or other charges in addition to the principal amount of the request. Attach itemized statement of all interest or additional charges.

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

Type(s) of goods received by debtor within twenty (20) days before the August 24, 2018 petition date:

Shipment date of goods: *Attached spreadsheet*

Place of delivery of goods: *Amory Regional Medical Center Inc
1105 Earl Frye Blvd, Amory, MS 38821*

Method of delivery of goods: *FOB Fedex*

Name of carrier of goods:

Value of goods: *5,495.83*

Whether the value of goods listed in this claim relates to services and goods: *Yes*

The percentage of value related to services and the percentage of value related to goods: *100% Goods*

Whether claimant has filed any other claim against debtor relating to goods underlying this claim: *No*

Attach supporting materials required by field 8 and instructions below.

6. Credits, setoffs, and counterclaims:

All payments made on this claim by the debtor have been credited and deducted from the amount claimed hereon.

☐ This claim is subject to setoff or counterclaim as follows:

7. Assignment:

☐ Check this box if claimant has obtained this claim by assignment and attached a copy of assignment.

8. Supporting documents: Attach redacted copies of supporting documents, such as promissory notes, purchaser orders, invoices, itemized statements of running accounts, or contracts.

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

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

Do not send original documents. Attached documents may be destroyed after scanning. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-stamped copy: To receive an acknowledgement of the filing of your claim, submit a copy of your proof of claim in a self-addressed, stamped return envelope along with your original claim.

10. Signature:

Check the appropriate box.

☒ I am the creditor.

☐ I am the creditor's authorized agent.

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

☐ I am a guarantor, surety, indorser, or other codebtor (see Bankruptcy Rule 3005).

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: Joseph Mc Namara
 Title: Sr. Mgr Credit Risk
 Company: Olympus Corporation of the Americas
 Address and telephone number (if different from notice address above): _____
 (Signature) _____ (Date) 1/18/19
 Telephone number: 484-896-5371 Email: Joseph.McNamara@Olympus.com

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Definitions.

503(b)(9) Claim.

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

503(b)(9) Bar Date.

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

Claim.

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

Creditor.

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

Debtor.

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

Proof of Claim.

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

Redacted.

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

General instructions and filing instructions.

1. Please read this proof of claim form carefully and fill it in completely and accurately.
2. Print legibly. Your claim may be disallowed if it cannot be read or understood.
3. The proof of claim form must be completed in English. The amount of the claim must be denominated in United States currency.
4. Attach additional pages if more space is required to complete the proof of claim.

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

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

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

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

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

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

Items to be completed in proof of claim form.

Creditor's name and address:

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

Debtor's name:

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

Account or other number by which creditor identifies debtor:

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

1. Basis for claim:

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

2. Date debt was incurred:

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

3. Date goods received by debtor:

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

Open Invoices

Customer: 2002 - 2002 - 20040653 - AMORY REGIONAL MEDICAL CENTER INC

Exported: 1/17/2019 5:01 PM

Administrative Expense Claim

Invoice #	SAP Doc #	Assignment #	Invoice Date	Due Date	DBT	Invoice Amount (Trading)	Order #	Terms	BSEG-BELN	Proof of Delivery
96154796	SO 7721296	01762	8/13/2018	9/12/2018	127	120.00	7721296	NT30	0096154796	0083222626
96154797	SO 7726432	01810	8/13/2018	9/12/2018	127	591.60	7726432	NT30	0096154797	0083222627
96180088	SO 7707391	01679	8/17/2018	9/16/2018	123	594.35	7707391	NT30	0096180088	0083236270
96180089	SO 7709178	01701	8/17/2018	9/16/2018	123	471.75	7709178	NT30	0096180089	0083236271
96180090	SO 7739595	01888	8/17/2018	9/16/2018	123	66.14	7739595	NT30	0096180090	0083236272
96180091	SO 7723997	01727	8/17/2018	9/16/2018	123	3,585.85	7723997	NT30	0096180091	0083236290
96187413	SO 7739595	01888	8/20/2018	9/19/2018	120	66.14	7739595	NT30	0096187413	0083238668
Total						5,495.83				

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96154796**Mail Remittance To:**

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

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Attn:

Information

Invoice Date (Due Date)	08/13/2018 (09/12/2018)
Delivery No.	83222626
Ref Sales Order No.	7721296 (08/06/2018)
Customer PO No.	01762
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	MALLORY WRIGHT

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	NM-400U-0423 N5416830 INJECTORFORCEMAX LOWER 23G 4MM 5/BX Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	120.00	120.00

Freight	:	0.00
Net Value	:	120.00
Total Before Tax	:	120.00
Tax	:	0.00
Total Amount (USD)	:	120.00

Notes**Tracking #: 438711061312-Fedex Next Day AM**

Page 1 of 1

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

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96154797**Mail Remittance To:**

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

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Attn:

Information

Invoice Date (Due Date)	08/13/2018 (09/12/2018)
Delivery No.	83222627
Ref Sales Order No.	7726432 (08/08/2018)
Customer PO No.	01810
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	DEBBY CAMPBELL

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	SD-240U-15 N3642830 SD-240U-15 SNAREMASTER SOFT 15MM DISP Serial No. ()	NEW	2	81.00	162.00
21	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. ()	NEW	1	429.60	429.60

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	591.60
Total Before Tax	:	591.60
Tax	:	0.00
Total Amount (USD)	:	591.60

Notes**Tracking #: 438711061312-Fedex Next Day AM, 438711062926-Fedex 2nd Day**

Page 1 of 1

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



Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96180088

Mail Remittance To:

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

Bill-To	20040653
AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821	

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To	20040653
AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821	

Sold-To	20040653
AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821	

Information

Invoice Date (Due Date)	08/17/2018 (09/16/2018)
Delivery No.	83236270
Ref Sales Order No. (Date)	7707391 (07/30/2018)
Customer PO No.	01679
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	MALLORY WRIGHT

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ACECIDE-C TEST U3018142 ACECIDE-C TEST: TEST STRIPS 100/btl Serial No. ()	NEW	2	81.00	162.00
21	MAJ-1652 K10020736 MAJ-1652 DISPOSABLE AUX CHANNEL ADAPTOR Serial No. ()	NEW	1	429.60	429.60

THANK YOU FOR YOUR ORDER

Freight	:	2.75
Net Value	:	591.60
Total Before Tax	:	594.35
Tax	:	0.00
Total Amount (USD)	:	594.35



Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96180088

Mail Remittance To:

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

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	08/17/2018 (09/16/2018)
Delivery No.	83236270
Ref Sales Order No. (Date)	7707391 (07/30/2018)
Customer PO No.	01679
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	MALLORY WRIGHT

Attn:

Notes

Tracking #: 438711165446-Fedex 2nd Day

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

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

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96180089**Mail Remittance To:**

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

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	08/17/2018 (09/16/2018)
Delivery No.	83236271
Ref Sales Order No. (Date)	7709178 (07/31/2018)
Customer PO No.	01701
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	003276 003276 003276 UTERINE MANIP/INJECT. 4.5MM 12/bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	463.50	463.50
Freight					8.25
Net Value					463.50
Total Before Tax					471.75
Tax					0.00
Total Amount (USD)					471.75

Notes**Tracking #: 438711165446-Fedex 2nd Day**

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

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

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96180090**Mail Remittance To:**

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

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	08/17/2018 (09/16/2018)
Delivery No.	83236272
Ref Sales Order No. (Date)	7739595 (08/15/2018)
Customer PO No.	01888
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	MB-156 GX0229 MB-156 ETO VENTING CAP - FIBERSCOPES Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	66.14	66.14
Freight					0.00
Net Value					66.14
Total Before Tax					66.14
Tax					0.00
Total Amount (USD)					66.14

Notes**Tracking #: 438711165446-Fedex 2nd Day**

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

Page 1 of 1

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

Case 3:18-bk-05675 Claim 67-1 Filed 01/22/19 Desc Main Document Page 11 of 14

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96180091**Mail Remittance To:**

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

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
DBA GILMORE MEMORIAL HOSPITAL
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	08/17/2018 (09/16/2018)
Delivery No.	83236290
Ref Sales Order No. (Date)	7723997 (08/07/2018)
Customer PO No.	01727
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	Mallory Wright

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	TB-0535FC TB-0535FC THUNDERBEAT, 5mm, 35cm (5 per box) Serial No. ()	NEW	1	2,675.00	2,675.00
21	MAJ-1651 K10023086 MAJ-1651 DISPOSABLE AUX CHANNEL WATER TU Serial No. ()	NEW	5	145.92	729.60
31	ACECIDE-C TEST U3018142 ACECIDE-C TEST: TEST STRIPS 100/btl Serial No. ()	NEW	2	81.00	162.00

THANK YOU FOR YOUR ORDER

Freight	:	19.25
Net Value	:	3,566.60
Total Before Tax	:	3,585.85
Tax	:	0.00
Total Amount (USD)	:	3,585.85



Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96180091

Mail Remittance To:

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

Bill-To	20040653
AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821	

Your AR Rep. is: Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To	20040653
AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821	

Sold-To	20040653
AMORY REGIONAL MEDICAL CENTER INC DBA GILMORE MEMORIAL HOSPITAL 1105 EARL FRYE BLVD AMORY, MS 38821	

Information	
Invoice Date (Due Date)	08/17/2018 (09/16/2018)
Delivery No.	83236290
Ref Sales Order No. (Date)	7723997 (08/07/2018)
Customer PO No.	01727
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	Mallory Wright

Attn:

Notes

Quote # 583203

Tracking #: 438711164325-Fedex Next Day Earlier AM, 438711164336-Fedex Next Day Earlier AM, 438711164347-Fedex Next Day Earlier AM

All shipments are, unless otherwise mutually or contractually agreed upon in writing, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier; however, Olympus will assist in securing satisfactory payment or adjustment of such claims. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

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

OLYMPUS

Mail All Correspondence To:
3500 Corporate Parkway
P.O. BOX 610
Center Valley, PA 18034-0610

Invoice 96187413**Mail Remittance To:**

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

Bill-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Your AR Rep. Shallon Hand
Phone 484-896-3371
Fax 484-896-7822
Email SHALLON.HAND@OLYMPUS.COM

Ship-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Sold-To 20040653

AMORY REGIONAL MEDICAL CENTER INC
1105 EARL FRYE BLVD
AMORY, MS 38821

Information

Invoice Date (Due Date)	08/20/2018 (09/19/2018)
Delivery No.	83238668
Ref Sales Order No.	7739595 (08/15/2018)
Customer PO No.	01888
Payer No.	20040653
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	HOSPITAL PURCHASING

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	MB-156 GX0229 MB-156 ETO VENTING CAP - FIBERSCOPES Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	66.14	66.14
Freight					0.00
Net Value					66.14
Total Before Tax					66.14
Tax					0.00
Total Amount (USD)					66.14

Notes**Tracking #: 438711181729-Fedex 2nd Day**

Page 1 of 1

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

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: (6826630)
OLYMPUS CORPORATION
OF THE AMERICAS
(ADMINISTRATIVE)
3500 CORPORATE PARKWAY
CENTER VALLEY, PA
18034

Claim No: 67
Original Filed
Date: 01/22/2019
Original Entered
Date: 01/22/2019

Status:
Filed by: CR
Entered by: Intake2
Modified:

Admin claimed: \$5495.83

History:

[Details](#) [67-1](#) 01/22/2019 Claim #67 filed by OLYMPUS CORPORATION OF THE AMERICAS, Admin claimed: \$5495.83 (Intake2)

Description: (67-1) Goods sold

Remarks:

Claims Register Summary

Case Name: Amory Regional Medical Center, Inc.

Case Number: 3:18-bk-05675

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	
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	\$5495.83	