

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE (NASHVILLE DIVISION)		503(b)(9) ADMINISTRATIVE EXPENSE CLAIM
In re: <i>Armory Regional Medical Center, d/b/a Gilmore Memorial Hospital</i>	Chapter 11 Case No. <i>18-05675</i>	ADMINISTRATIVE BAR DATE: January 21, 2019
NOTE: This form should be used only by claimants asserting an administrative expense claim arising under 11 U.S.C. § 503(b)(9). 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>Stryker, Sustainability Solutions, a Division of Stryker Corporation</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	FILED MAR 11 2019 U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF TN
Name and addresses where notices should be sent: <i>Stryker Sustainability Solutions c/o Lori L. Purkey Purkey & Associates PC 5050 Cascade Rd. S.E Ste A Grand Rapids MI 49546</i> Telephone number: <i>616-940-0553</i> Email: <i>purkey@purkeyandassociates.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:	<input checked="" 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>8/20/2018</i>	
3. Date goods were received by debtor: <i>8/22/2018</i>		
4. Total amount of claim as of the date the debt was incurred: <i>1,171.58</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: 8/20/2018

Place of delivery of goods: Gilmore Memorial Hospital

Method of delivery of goods: Fed Ex Ground

Name of carrier of goods: Fed Ex

Value of goods: 1,171.58

Whether the value of goods listed in this claim relates to services and goods: NO - goods only

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: LORI L. Purkey
Title: Purkey & Associates, Attorney
Company: Purkey & Associates, P.C. Lori L. Purkey 1/14/18
Address and telephone number (if different from notice address above): 5050 Cascade Rd. S.E. Ste A
CANAD RAPIDS MI 49546
616-940-0553 purkey@purkeyandassociates.com
Telephone number: _____ Email: _____

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases 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.

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

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

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

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

6. Credits, setoffs, and counterclaims:

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

7. Assignment:

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

8. Supporting documents:

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

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

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

9. Date and signature:

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



INVOICE

Sustainability Solutions

Remit To

P.O. Box 29387
Phoenix, AZ 85038-9387
PH: (863) 683-8680

Invoice Number: 3427319
Invoice Date: 08/20/2018
Purchase Order: 01921
Page: 1 of 1

Bill To

Gilmore Memorial Hospital
Attn: Accounts Payable
1105 Earl Frye Blvd
Amory, MS 38821

Ship To

Gilmore Memorial Hospital
Attn: Debby Campbell
1105 Earl Frye Blvd
Amory, MS 38821

Customer ID	Bill To GLN	Ship To GLN	Payment Terms	Due Date		Sales Order
152269			Net 30 Days	09/19/2018		3659884R
Item Number	GTIN / Client Part Number	Item Description	Taxable	Qty	Unit Price	Extension
MAX-N	00885825014322	Neonatal Pulse Oximeter	N	240	4.8100	1,154.40
SHIPPING		Tracking # 447910393673	N	1	17.1800	17.18
Invoice Sub-Total						1,171.58
Tax						0.00
Total Due						1,171.58

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

A FINANCE CHARGE of 1 1/2% per month, which is an ANNUAL RATE of 18%, will be charged on all past due accounts.

UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF MICHIGAN

In re:

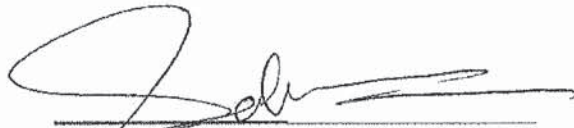
CURAE HEALTH, INC., et al.,

Debtor.

Case No. 18-05665
Jointly Administered

CERTIFICATION

I, Sahar Khan, an employee of Stryker Sustainability Solutions, certify that the good identified in its 503(b)(9) proof of claim were sold in the ordinary course of the debtor's business




Sahar Khan



Sustainability Solutions

Pick Ticket

Order Date	Shipping Method	Shipping Instructions	Product Line
08/20/2018	FedEx Ground		POX

Sales Order	Sold To	Ship To	Pick Number
 3659884R	152269 Gilmore Memorial Hospital Attn: Accounts Payable 1105 Earl Frye Blvd Amory MS 38821	152273 GLN: Gilmore Memorial Hospital Attn: Debby Campbell 1105 Earl Frye Blvd Amory MS 38821	 3119214

Stock						
Qty	Unit	Item #	Category	Lot Number	Location	Initials/Date
48	24/2 case(s)	MAX-N	Pulse Oximeter	8946337	C0-03-A1	____/____/____
192	24/8 case(s)	MAX-N	Pulse Oximeter	8945195	C0-19-F1	____/____/____



Total Units: 240

Total Units for Order: 240

3125 Drane Field Rd, Lakeland, FL 33811-1398
 Phone: 888-888-3433 Fax: 480-763-5310
 0885825000035
 sustainability.stryker.com

Shipping Instructions

Customer PO	Order Date
01921	08/20/2018

Sales Order	Sold To	Ship To	Pick Number
 3659884R	152269 Gilmore Memorial Hospital Attn: Accounts Payable 1105 Earl Frye Blvd Amory MS 38821	152273 GLN: Gilmore Memorial Hospital Attn: Debby Campbell 1105 Earl Frye Blvd Amory MS 38821	 3119214

Qty ORD	Qty SHP	Qty BO	Unit	Cases	Item Number	Item Description	GTIN / Client Part Number
240	240		EA	10	MAX-N	Neonatal Pulse Oximeter Sensor	00885825014322



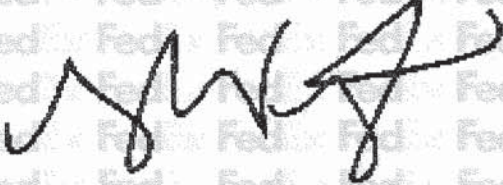
January 9, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **447910393673**.

Delivery Information:

Status:	Delivered	Delivery location:	1105 EARL FRYE BLVD Amory, MS 38821
Signed for by:	MWRIGHT	Delivery date:	Aug 22, 2018 11:03
Service type:	FedEx Ground		
Special Handling:			


M. WRIGHT
#33, 10:58, 29 Del, 0 NonDel

Shipping Information:

Tracking number:	447910393673	Ship date:	Aug 20, 2018
		Weight:	18.0 lbs/8.2 kg

Recipient:

Gilmore Memorial Hospital
Attn: Debby Campbell
1105 Earl Frye Blvd
Amory, MS 38821 US

Reference

Purchase order number:
Department number

Shipper:

STRYKER SUSTAINABILITY SLTNS
3125 Drane Field Road
Suite 20
LAKELAND, FL 33811 US
01921
3659884R
3119214

Thank you for choosing FedEx.

PURKEY & ASSOCIATES, P.L.C.

5050 Cascade Road, S.E., Suite A
Grand Rapids, Michigan 49546
Telephone (616)940-0553
Facsimile (616)940-0554

Lori L. Purkey
E-Mail: purkey@purkeyandassociates.com

January 14, 2019

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

RECEIVED

MAR 11 2019

Re: Armory Regional Medical Center
d/b/a Gilmore Memorial Hospital
Bankruptcy File No 18-05675

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Dear Clerk:

Enclosed for filing in the above captioned matter are the original and one copy of the Proof of Claim.

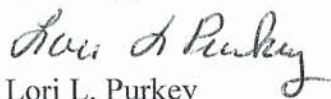
Please return a time stamped copy of this document to me at the above address in the enclosed, self-addressed, stamped envelope.

In addition, please add the following to the Matrix in this matter:

Stryker Sustainability Solutions, a Division of Stryker Corporation
c/o Lori L. Purkey, Esq.
Purkey & Associates, PLC
5050 Cascade Road., SE, Suite A
Grand Rapids, MI 49546

Thank you for your assistance. If you have any questions, please feel free to contact me.

Sincerely,



Lori L. Purkey

cc: Sara Southard, Stryker Corp. (w/enc)
Office of the US Trustee (w/enc)
Michael Malone (w/enc)

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: (6860729)
STRYKER SUSTAINABILITY
SOLUTIONS
(ADMINISTRATIVE)
C O LORI L PURKEY
PURKEY & ASSOCIATES PLC
5050 CASCADE RD S E STE A
GRAND RAPIDS MI
49546

Claim No: 68
Original Filed
Date: 03/11/2019
Original Entered
Date: 03/11/2019

Status:
Filed by: CR
Entered by: Intake3
Modified:

Admin claimed: \$1171.58

History:

[Details](#) [68-1](#) 03/11/2019 Claim #68 filed by STRYKER SUSTAINABILITY SOLUTIONS, Admin claimed: \$1171.58 (Intake3)

Description: (68-1) Goods sold

Remarks: (68-1) Indicates claim is amended, but no claim filed under this creditor name.

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	\$1171.58	