

Fill in this information to identify the case:

Debtor 1 <u>Batesville Regional Medical Center Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05676

FILED
 U.S. Bankruptcy Court
 MIDDLE DISTRICT OF TENNESSEE
 1/15/2019
 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>Olympus Corporation of the Americas</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>TRI LAKES MEDICAL CENTER</u>
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?	Where should payments to the creditor be sent? (if different)
	<u>Olympus Corporation of the Americas</u>	_____
	Name	Name
	<u>3500 Corporate Parkway (attn Joe McNamara) Center Valley, PA 18034</u>	_____
	Contact phone <u>1 484 896 5371</u>	Contact phone _____
	Contact email <u>joseph.mcnamara@olympus.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2747</u>
7. How much is the claim?	\$ <u>5023.16</u> 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).
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 healthcare information. <u>Goods sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. 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: _____ 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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. 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.	<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)(_) 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 1/15/2019
MM / DD / YYYY

/s/ Joseph McNamara

Signature

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

Name Joseph McNamara
First name Middle name Last name

Title Sr. Manager, Credit Risk

Company Olympus Corporation of the Americas

Address 3500 Corporate Parkway
Identify the corporate servicer as the company if the authorized agent is a servicer
Number Street Center Valley, PA 18034
City State ZIP Code

Contact phone 1 484 896 5371 Email joseph.mcnamara@olympus.com

Open Invoices

Customer: 2002 - 2002 - 20012747 - TRI LAKES MEDICAL CENTER DBA Batesville Regional Medical Center Inc
 Exported: 1/15/2019 11:34 AM

Parent #	Invoice #	SAP Doc #	Assignment #	Invoice Date	Due Date	DBT	Invoice Amount (Trading)	Purchase Order	Order #	Terms	Proof of Delivery
20012747	95552666	SO 7495567	701-6708446	4/09/2018	5/09/2018	251	103.50	701-6708446	7495567	NT30	0082927900
20012747	95585736	SO 7506468	701-6712461	4/16/2018	5/16/2018	244	177.24	701-6712461	7506468	NT30	0082940939
20012747	95591831	SO 7509251	701-6713491	4/17/2018	5/17/2018	243	236.00	701-6713491	7509251	NT30	0082944475
20012747	95619221	SO 7523209	00061	4/23/2018	5/23/2018	237	686.64	00061	7523209	NT30	0082961526
20012747	95639005	SO 7531999	00110	4/26/2018	5/26/2018	234	2,550.00	00110	7531999	NT30	0082972420
20012747	95785561	SO 7589329	00307	5/25/2018	6/24/2018	205	207.00	00307	7589329	NT30	0083044457
20012747	95914694	SO 7640467	00472	6/22/2018	7/22/2018	177	196.20	00472	7640467	NT30	0083108289
20012747	95940783	SO 7649374	00505	6/28/2018	7/28/2018	171	177.24	00505	7649374	NT30	0083119203
20012747	95957894	SO 7657142	00529	7/02/2018	8/01/2018	167	98.10	00529	7657142	NT30	0083128485
20012747	95980654	SO 7667409	00550	7/09/2018	8/08/2018	160	207.00	00550	7667409	NT30	0083141343
20012747	96072299	SO 7701472	00643	7/26/2018	8/25/2018	143	207.00	00643	7701472	NT30	0083184701
20012747	96153426	SO 7730993	00734	8/13/2018	9/12/2018	125	177.24	00734	7730993	NT30	0083221735

5,023.16



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

Invoice 95552666

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Information	
Invoice Date (Due Date)	04/09/2018 (05/09/2018)
Delivery No.	82927900
Ref Sales Order No.	7495567 (04/09/2018)
Customer PO No.	701-6708446
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	EDI EDI

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
2	ALDAHOL1.8 U3234494 ALDAHOL1.8 HIGH-LEVEL DISINFECTANT-1.8% Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	103.50	103.50

Freight	:	0.00
Net Value	:	103.50
Total Before Tax	:	103.50
Tax	:	0.00
Total Amount (USD)	:	103.50

Notes

Tracking #: 437548114543-FEDEX

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 95585736

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Attn:

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

Information	
Invoice Date (Due Date)	04/16/2018 (05/16/2018)
Delivery No.	82940939
Ref Sales Order No.	7506468 (04/13/2018)
Customer PO No.	701-6712461
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	EDI EDI

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
1	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. ()	NEW	1	125.16	125.16
2	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. ()	NEW	2	26.04	52.08

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	177.24
Total Before Tax	:	177.24
Tax	:	0.00
Total Amount (USD)	:	177.24

Notes

Tracking #: 438157850665 - Fedex 2nd Day

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 Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Information	
Invoice Date (Due Date)	04/17/2018 (05/17/2018)
Delivery No.	82944475
Ref Sales Order No.	7509251 (04/16/2018)
Customer PO No.	701-6713491
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	EDI EDI

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
2	70241014 70241014 70241014 ULTRASIL COLLAR BUTTON (6/PK) Serial No. ()	NEW	1	118.00	118.00
3	70241014 70241014 70241014 ULTRASIL COLLAR BUTTON (6/PK) Serial No. ()	NEW	1	118.00	118.00

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	236.00
Total Before Tax	:	236.00
Tax	:	0.00
Total Amount (USD)	:	236.00

Notes

Tracking #: 438157868910 - Fedex 2nd Day



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

Invoice 95619221

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Information	
Invoice Date (Due Date)	04/23/2018 (05/23/2018)
Delivery No.	82961526
Ref Sales Order No.	7523209 (04/23/2018)
Customer PO No.	00061
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ALDAHOL1.8 U3234494 ALDAHOL1.8 HIGH-LEVEL DISINFECTANT-1.8% Serial No. ()	NEW	2	103.50	207.00
20	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. ()	NEW	1	125.16	125.16
30	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. ()	NEW	2	26.04	52.08
40	MAJ-824 6808600 MAJ-824 OER-PRO INTERNAL H2O FILTER 0.2M Serial No. ()	NEW	1	302.40	302.40

THANK YOU FOR YOUR ORDER



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

Invoice 95619221

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Information	
Invoice Date (Due Date)	04/23/2018 (05/23/2018)
Delivery No.	82961526
Ref Sales Order No.	7523209 (04/23/2018)
Customer PO No.	00061
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Attn:

Freight	:	0.00
Net Value	:	686.64
Total Before Tax	:	686.64
Tax	:	0.00
Total Amount (USD)	:	686.64

Notes

Tracking #: 437548143035-fedex, 437548143046-fedex, 438157959047 - Fedex 2nd Day

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OLYMPUS

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

Invoice 95639005**Mail Remittance To:**

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Information	
Invoice Date (Due Date)	04/26/2018 (05/26/2018)
Delivery No.	82972420
Ref Sales Order No.	7531999 (04/26/2018)
Customer PO No.	00110
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	005280-901 005280-901 005280-901 DISPOS. FBK W/ 8MM TROCAR 8bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	2,550.00	2,550.00

Freight				:	0.00

Net Value				:	2,550.00

Total Before Tax				:	2,550.00
Tax				:	0.00

Total Amount (USD)				:	2,550.00

Notes

Tracking #: 438158011982 - Fedex Next 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 95785561

Mall Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Attn:

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

Information	
Invoice Date (Due Date)	05/25/2018 (06/24/2018)
Delivery No.	83044457
Ref Sales Order No. (Date)	7589329 (05/25/2018)
Customer PO No.	00307
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ALDAHOL1.8 U3234494 ALDAHOL1.8 HIGH-LEVEL DISINFECTANT-1.8% Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	103.50	207.00

Freight	:	0.00
Net Value	:	207.00
Total Before Tax	:	207.00
Tax	:	0.00
Total Amount (USD)	:	207.00

Notes

Tracking #: 444728055970-FEDEX, 444728055980-FEDEX

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.



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

Invoice 95914694

Mail Remittance To:

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

Bill-To 20012747
 TRI LAKES MEDICAL CENTER
 303 MEDICAL CENTER DR
 BATESVILLE, MS 38606-8608

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

Ship-To 20012747
 TRI LAKES MEDICAL CENTER
 303 MEDICAL CENTER DR
 BATESVILLE, MS 38606-8608

Information	
Invoice Date (Due Date)	06/22/2018 (07/22/2018)
Delivery No.	83108289
Ref Sales Order No. (Date)	7640467 (06/22/2018)
Customer PO No.	00472
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Sold-To 20012747
 TRI LAKES MEDICAL CENTER
 303 MEDICAL CENTER DR
 BATESVILLE, MS 38606-8608

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ALDAHOL1.8 U3234494 ALDAHOL1.8 HIGH-LEVEL DISINFECTANT-1.8% Serial No. ()	NEW	1	103.50	103.50
21	ENDOQUICK U2908143 ENDOQUICK DETERGENT 3 BTLS/Case - 2L ea Serial No. ()	NEW	1	92.70	92.70
THANK YOU FOR YOUR ORDER					
Freight					0.00
Net Value					196.20
Total Before Tax					196.20
Tax					0.00
Total Amount (USD)					196.20



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

Invoice 95940783

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Information	
Invoice Date (Due Date)	06/28/2018 (07/28/2018)
Delivery No.	83119203
Ref Sales Order No.	7649374 (06/27/2018)
Customer PO No.	00505
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. ()	NEW	1	125.16	125.16
20	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. ()	NEW	2	26.04	52.08
THANK YOU FOR YOUR ORDER					
				Freight	: 0.00
				Net Value	: 177.24
				Total Before Tax	: 177.24
				Tax	: 0.00
				Total Amount (USD)	: 177.24



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

Invoice 95957894

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE , MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE , MS 38606-8608	

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

Information	
Invoice Date (Due Date)	07/02/2018 (08/01/2018)
Delivery No.	83128485
Ref Sales Order No.	7657142 (07/02/2018)
Customer PO No.	00529
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ALDECHEK U3234507 ALDECHEK TEST STRIPS-ALDAHOL 1.8 HLD (2 Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	98.10	98.10
Freight					: 0.00
Net Value					: 98.10
Total Before Tax					: 98.10
Tax					: 0.00
Total Amount (USD)					: 98.10



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

Invoice 95980654

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Information	
Invoice Date (Due Date)	07/09/2018 (08/08/2018)
Delivery No.	83141343
Ref Sales Order No.	7667409 (07/09/2018)
Customer PO No.	00550
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	PMCACOOK

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ALDAHOL1.8 U3234494 ALDAHOL1.8 HIGH-LEVEL DISINFECTANT-1.8% Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	103.50	207.00

Freight				:	0.00

Net Value				:	207.00

Total Before Tax				:	207.00
Tax				:	0.00

Total Amount (USD)				:	207.00

Notes

Tracking #: 444728140292-FEDEX, 444728140307-FEDEX

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.



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

Invoice 96072299

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Shlp-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Information	
Invoice Date (Due Date)	07/26/2018 (08/25/2018)
Delivery No.	83184701
Ref Sales Order No.	7701472 (07/26/2018)
Customer PO No.	00643
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
11	ALDAHOL1.8 U3234494 ALDAHOL1.8 HIGH-LEVEL DISINFECTANT-1.8% Serial No. () THANK YOU FOR YOUR ORDER	NEW	2	103.50	207.00

Freight				:	0.00

Net Value				:	207.00

Total Before Tax				:	207.00
Tax				:	0.00

Total Amount (USD)				:	207.00

Notes

Tracking #: 444728175437-FEDEX, 444728175448-FEDEX

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

Invoice 96153426

Mail Remittance To:

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

Bill-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

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

Ship-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Sold-To	20012747
TRI LAKES MEDICAL CENTER 303 MEDICAL CENTER DR BATESVILLE, MS 38606-8608	

Information	
Invoice Date (Due Date)	08/13/2018 (09/12/2018)
Delivery No.	83221735
Ref Sales Order No.	7730993 (08/10/2018)
Customer PO No.	00734
Payer No.	20012747
Currency	USD
Terms of Payment	Net 30 Days
Incoterm	FOB - SHIPPING POINT
Requested By	AMANDA COOK

Attn:

Line No.	Material/Description	Inv. Type	Quantity	Unit Price	Value
10	MAJ-823 6808500 MAJ-823 OER-PRO AIR FILTER Serial No. ()	NEW	1	125.16	125.16
20	MAJ-822 6808400 MAJ-822 OER-PRO CHARCOAL GAS VAPOR FILTR Serial No. ()	NEW	2	26.04	52.08

THANK YOU FOR YOUR ORDER

Freight	:	0.00
Net Value	:	177.24
Total Before Tax	:	177.24
Tax	:	0.00
Total Amount (USD)	:	177.24

Notes

Tracking #: 438711060007-Fedex 2nd Day

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MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05676 Batesville Regional Medical Center Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6822578)
Olympus Corporation of the Americas
3500 Corporate Parkway (attn Joe McNamara)
Center Valley, PA 18034

Claim No: 19
Original Filed
Date: 01/15/2019
Original Entered
Date: 01/15/2019

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$5023.16

History:

[Details](#) [19-1](#) 01/15/2019 Claim #19 filed by Olympus Corporation of the Americas, Amount claimed: \$5023.16 (admin)

Description:

Remarks: (19-1) Account Number (last 4 digits):2747

Claims Register Summary

Case Name: Batesville Regional Medical Center Inc.

Case Number: 3:18-bk-05676

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$5023.16
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		