

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Med. Center
 Debtor 2 _____
 (Spouse, if filing)
 United States Bankruptcy Court for the: _____ District of _____
 Case number 3:18-bk-05678

FILED

SEP 11 2018

**U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN**

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>Medela LLC</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? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent? <u>Medela LLC</u> Name <u>1101 Corporate Dr</u> Number Street <u>McHenry IL 60050</u> City State ZIP Code Contact phone <u>815-978-2419</u> Contact email <u>Natalie.woods@medela.com</u>	Where should payments to the creditor be sent? (if different) <u>Medela LLC</u> Name <u>38789 Eagle Way</u> Number Street <u>Chicago IL 60678</u> City State ZIP Code Contact phone _____ 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? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 9 8 0

7. How much is the claim? \$ 1,254.52 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.

Goods Sold

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: \$ _____

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 one:

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 \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ 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).

\$ _____

☐ 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 4/01/19 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 09/05/2018

MM / DD / YYYY

Signature

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

Name

Natalie M Woods

First name

Middle name

Last name

Title

Senior Deductions & Credit Analyst

Company

Medela LLC

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

Address

1101 Corporate Dr

Number

Street

McHenry

City

IL

State

60050

ZIP Code

Contact phone

815-518-2419

Email

Natalie.m.woods@medela.com

MEDELA LLC
38789 EAGLE WAY
CHICAGO, IL 60678-1387
UNITED STATES

S T A T E M E N T

Print Date: 08/29/18 Page: 1

PLEASE DO NOT SHIP PRODUCT TO REMIT-TO

SHIP PRODUCT TO:
MEDELA LLC
1101 CORPORATE DRIVE
MCHENRY, IL 60050
UNITED STATES

Bill To: C1337980

CLARKSDALE REG MED CTR INC
PO BOX 1218
DBA NW MISSISSIPPI MED CTR
CLARKSDALE, MS 38614-1218
UNITED STATES

Date	Reference	Remark	Type	Due Date	Amount	Amount
07/02/18	12291229	749-6753987	Invoice	08/01/18	207.36	207.36
07/02/18	12291232	749-6754369	Invoice	08/01/18	81.00	81.00
08/01/18	12303560	749-6777365	Invoice	08/31/18	966.16	966.16

		Total Amount Open:	1,254.52
		Payments Unapplied:	0.00
Total Contested:	0.00	USD Total:	1,254.52

Current	Past Due	1	Past Due	30	Past Due	60
966.16	288.36		0.00		0.00	



1101 Corporate Dr.
McHenry, IL 60050
www.medela.com

For questions or billing inquiries please email:
Human Milk - accountsupport@medela.com
Healthcare - info-healthcare@medela.com

CLARKSDALE REG MED CTR INC
ACCOUNTS PAYABLE
DBA NW MISSISSIPPI MED CTR
PO BOX 1218
CLARKSDALE MS 38614-1218

INVOICE

Invoice Number: 12303560
Invoice Date: 08/01/18
Account Number: C1337980
Terms: N30
Total Due (USD): 966.16

Bill To: C1337980
Ship To: C1337980
CLARKSDALE REG MED CTR INC
PO BOX 1218
DBA NW MISSISSIPPI MED CTR
CLARKSDALE, MS 38614-1218
UNITED STATES

REMITTANCE ADDRESS

Medela LLC
38789 Eagle Way
Chicago, IL 60678-1387

CUSTOMER PO #	SALES ORDER #	ORDER DATE	SHIP VIA	REMARKS		INVOICE #
749-6777365	S2445398	07/30/18	UPSNGRCM			12303560
ITEM #	DESCRIPTION	UM	QTY	QTY B/O	PRICE	EXTENDED PRICE
67114S	SYMPHONY/HARMONY DUET BP	CA	4	0	241.54	966.16
LOT/SERIAL #:	445712			Expire:	05/26/22	
LOT/SERIAL #:	446195			Expire:	06/13/22	



Visit <http://medelabillpay.com> to pay your bill online.

NOTE: Shipping & Handling charges will be charged on initial order not on back order items.


Please contact Medela to obtain a Return Merchandise Authorization (RMA) Number and address where to return Products/Capital Equipment.

Human Milk - phone: 888-633-3528 or by email: accountsupport@medela.com
Healthcare - phone: 877-735-1626 or by email: info-healthcare@medela.com

TO VIEW ONLINE GO TO:
www.medelabillpay.com
USE THIS ENROLLMENT

LINE TOTAL	966.16
10 SHIPPING & HANDLING	0.00
20 SPECIAL	0.00
30 MIN ORDER HANDLING FEE	0.00
TOTAL TAX	0.00
TOTAL AMOUNT DUE (USD)	966.16

Freight Tracking Inquiry

medela Sales Order/Invoice 

Search Shipping Records

[Advanced Search](#) [Serial # Search](#) [Name Search](#)

Search Results for

Invoice No: **12303560**[Display Scanned Shipping Documents](#)

Invoice No: <u>12303560</u> (Order No: <u>S2445398</u>)	Invoice Ship Via: UPSNGRCM
--	-----------------------------------

Order Date: 7/30/2018

Shipped To: C1337980 CLARKSDALE REG MED CTR INC PO BOX 1218 DBA NW MISSISSIPPI MED CTR, CLARKSDALE, MS 38614-1218	Billed To: C1337980 CLARKSDALE REG MED CTR INC PO BOX 1218 DBA NW MISSISSIPPI MED CTR, CLARKSDALE, MS 38614-1218
---	--

<u>Order Line No</u>	<u>Item</u>	<u>Description</u>	<u>Quantity Shipped</u>	<u>UOM</u>	<u>Date Shipped</u>	<u>Carrier</u>	<u>Tracking No</u>
1	67114S	SYMPHONY/HARMONY DUET BP	4	CA	8/1/2018		{No Shipping Information Attached To This Order Line}

xxpktrrp.p 1.9
Page: 283

7.9.4 >PICKING REPORT
PROD

Date: 07/31/18
Time: 10:03:20

Pre Shipper	S Zone	Bucket	Sales Order
11644096	90	MATHAND	S2445398



Box: 118 Sales Order: S2445398 Ship Via: UPSNGRCM
UPS GROUND PREPAID COMMERCIAL

Sold-To: C1337980
Ship To:



CLARKSDALE REG MED CTR INC
PO BOX 1218
DBA NW MISSISSIPPI MED CTR

CLARKSDALE, MS 38614-1218
UNITED STATES
NO N902

Phone: 662-624-3453
Weight: 19.264
CSR: EDI
PO: 749-6777365
Due: 08/01/18
Required: 08/01/18

PLEASE SEND FAX CONFIRMATIONS OF PRICING TO 662-624-3397. PLEASE SHIP OUR P

Lin	Item Number	Description	Qty	UM	Location	Ship	Box
1	67114S	SYMPHONY/HARMONY DUET BP	10.0	EA	E6350521	10	1
Qty: 10 Lot/ Serial: T1205165 Lot/Serial: 446195							
1	67114S	SYMPHONY/HARMONY DUET BP	30.0	EA	E6371341	39	24
Qty: 30 Lot/ Serial: T1201278 Lot/Serial: 445712							

Picked By: mm 8/1/18

Packed By: RP 8/1/18



1101 Corporate Dr.
McHenry, IL 60050
www.medela.com

For questions or billing inquiries please email:
Human Milk - accountsupport@medela.com
Healthcare - info-healthcare@medela.com

CLARKSDALE REG MED CTR INC
ACCOUNTS PAYABLE
DBA NW MISSISSIPPI MED CTR
PO BOX 1218
CLARKSDALE MS 38614-1218

INVOICE

Invoice Number: 12291232
Invoice Date: 07/02/18
Account Number: C1337980
Terms: N30
Total Due (USD): 81.00

Bill To: C1337980
Ship To: C1337980
CLARKSDALE REG MED CTR INC
PO BOX 1218
DBA NW MISSISSIPPI MED CTR
CLARKSDALE, MS 38614-1218
UNITED STATES

REMITTANCE ADDRESS

Medela LLC
38789 Eagle Way
Chicago, IL 60678-1387

CUSTOMER PO #	SALES ORDER #	ORDER DATE	SHIP VIA	REMARKS	INVOICE #
749-6754369	S2427627	06/18/18	UPSNGRCM		12291232

ITEM #	DESCRIPTION	UM	QTY	QTY B/O	PRICE	EXTENDED PRICE
89973	BRA PAD DISPOSABLE 30CT	CA	9	0	9.00	81.00
LOT/SERIAL #:	H					



Visit <http://medelabillpay.com> to pay your bill online.

NOTE: Shipping & Handling charges will be charged on initial order not on back order items.

Please contact Medela to obtain a Return Merchandise Authorization (RMA) Number and address where to return Products/Capital Equipment.

Human Milk - phone: 888-633-3528 or by email: accountsupport@medela.com
Healthcare - phone: 877-735-1626 or by email: info-healthcare@medela.com

TO VIEW ONLINE GO TO:
www.medelabillpay.com
USE THIS ENROLLMENT


LINE TOTAL	81.00
10 SHIPPING & HANDLING	0.00
20 SPECIAL	0.00
30 MIN ORDER HANDLING FEE	0.00
TOTAL TAX	0.00

Case 3:18-bk-05678 Claim 1-1 Filed 09/11/18 Desc Main Document Page 8 of 15

Freight Tracking Inquiry

medela 

Search Shipping Records

Sales Order/Invoice [Advanced Search](#) [Serial # Search](#) [Name Search](#)

Search Results for

Invoice No: **12291232**[Display Scanned Shipping Documents](#)**Invoice No: 12291232 (Order No: S2427627)****Invoice Ship Via: UPSNGRCM****Order Date: 6/18/2018**

Shipped To: C1337980 CLARKSDALE REG MED CTR
INC
PO BOX 1218 DBA NW MISSISSIPPI MED
CTR, CLARKSDALE, MS 38614-1218

Billed To: C1337980 CLARKSDALE REG MED CTR
INC
PO BOX 1218 DBA NW MISSISSIPPI MED
CTR, CLARKSDALE, MS 38614-1218

<u>Order Line No</u>	<u>Item</u>	<u>Description</u>	<u>Quantity Shipped</u>	<u>UOM</u>	<u>Date Shipped</u>	<u>Carrier</u>	<u>Tracking No</u>
1	89973	BRA PAD DISPOSABLE 30CT	9	CA	7/2/2018	UPS	<u>1Z6057910337090174</u>



Proof of Delivery

[Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:	1Z6057910337090174
Service:	UPS Ground
Weight:	15.30 lbs
Shipped/Billed On:	07/02/2018
Delivered On:	07/06/2018 10:43 A.M.
Delivered To:	CLARKSDALE, MS, US
Received By:	DOYLE
Left At:	Receiver

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 08/29/2018 12:21 P.M. ET

xxpktrrp.p 1.9
Page: 1

7.9.4 >PICKING REPORT
PROD

Date: 06/28/18
Time: 11:03:10

Pre Shipper	S Zone	Bucket	Sales Order
11630733	147	MATHAND	S2427627



Box: 1 Sales Order: S2427627 Ship Via: UPSNGRCM
UPS GROUND PREPAID COMMERCIAL

Sold-To: C1337980
Ship To:



CLARKSDALE REG MED CTR INC
PO BOX 1218
DBA NW MISSISSIPPI MED CTR

CLARKSDALE, MS 38614-1218
UNITED STATES

Phone: 662-624-3453
Weight: 11.259
CSR: EDI
PO: 749-6754369
Due: 06/20/18
Required: 06/20/18

Lin	Item Number	Description	Qty	UM	From Location	Ship	Box
1	89973	BRA PAD DISPOSABLE 30CT	27.0	EA	E6172332	27	1

Qty: 27 Lot/ Serial: T0997489 Lot/Serial: H

Picked By:

[Signature] 6/28/18

Packed By:

[Signature] 6/28/18



1101 Corporate Dr.
McHenry, IL 60050
www.medela.com

For questions or billing inquiries please email:
Human Milk - accountsupport@medela.com
Healthcare - info-healthcare@medela.com

CLARKSDALE REG MED CTR INC
ACCOUNTS PAYABLE
DBA NW MISSISSIPPI MED CTR
PO BOX 1218
CLARKSDALE MS 38614-1218

INVOICE

Invoice Number: 12291229
Invoice Date: 07/02/18
Account Number: C1337980
Terms: N30
Total Due (USD): 207.36

Bill To: C1337980
Ship To: C1337980
CLARKSDALE REG MED CTR INC
PO BOX 1218
DBA NW MISSISSIPPI MED CTR
CLARKSDALE, MS 38614-1218
UNITED STATES

REMITTANCE ADDRESS

Medela LLC
38789 Eagle Way
Chicago, IL 60678-1387

CUSTOMER PO #	SALES ORDER #	ORDER DATE	SHIP VIA	REMARKS	INVOICE #
749-6753987	S2427411	06/18/18	UPSNGRCM		12291229

ITEM #	DESCRIPTION	UM	QTY	QTY B/O	PRICE	EXTENDED PRICE
87079	BRSTSHLD XL30MM 12PK	CA	8	0	25.92	207.36
LOT/SERIAL #:	K					



Visit <http://medelabillpay.com> to pay your bill online.

NOTE: Shipping & Handling charges will be charged on initial order not on back order items.

Please contact Medela to obtain a Return Merchandise Authorization (RMA) Number and address where to return Products/Capital Equipment.

Human Milk - phone: 888-633-3528 or by email: accountsupport@medela.com
Healthcare - phone: 877-735-1626 or by email: info-healthcare@medela.com

TO VIEW ONLINE GO TO:
www.medelabillpay.com
USE THIS ENROLLMENT

LINE TOTAL	207.36
10 SHIPPING & HANDLING	0.00
20 SPECIAL	0.00
30 MIN ORDER HANDLING FEE	0.00
TOTAL TAX	0.00
TOTAL AMOUNT DUE (USD)	207.36

Freight Tracking Inquiry



Search Shipping Records

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Search Results for

Invoice No: **12291229**[Display Scanned Shipping Documents](#)**Invoice No: 12291229 (Order No: S2427411)****Invoice Ship Via: UPSNGRCM****Order Date: 6/18/2018**

Shipped To: C1337980 CLARKSDALE REG MED CTR
INC
PO BOX 1218 DBA NW MISSISSIPPI MED
CTR, CLARKSDALE, MS 38614-1218

Billed To: C1337980 CLARKSDALE REG MED CTR
INC
PO BOX 1218 DBA NW MISSISSIPPI MED
CTR, CLARKSDALE, MS 38614-1218

<u>Order Line No</u>	<u>Item</u>	<u>Description</u>	<u>Quantity Shipped</u>	<u>UOM</u>	<u>Date Shipped</u>	<u>Carrier</u>	<u>Tracking No</u>
1	87079	BRSTSHLD XL30MM 12PK	8	CA	7/2/2018	UPS	<u>1Z6057910337090156</u>



Proof of Delivery

[Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:	1Z6057910337090156
Service:	UPS Ground
Weight:	5.30 lbs
Shipped/Billed On:	07/02/2018
Delivered On:	07/06/2018 10:43 A.M.
Delivered To:	CLARKSDALE, MS, US
Received By:	DOYLE
Left At:	Receiver

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 08/29/2018 12:22 P.M. ET

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Page: 2

7.9.4 >PICKING REPORT
PROD

Date: 06/28/18
Time: 11:03:10

Pre Shipper	S Zone	Bucket	Sales Order
11630732	147	MATHAND	S2427411



Box: 2 Sales Order: S2427411 Ship Via: UPSNGRCM
UPS GROUND PREPAID COMMERCIAL

Sold-To: C1337980
Ship To:



CLARKSDALE REG MED CTR INC
PO BOX 1218
DBA NW MISSISSIPPI MED CTR

CLARKSDALE, MS 38614-1218
UNITED STATES

Phone: 662-624-3453
Weight: 4.024
CSR: EDI
PO: 749-6753987
Due: 06/20/18
Required: 06/20/18

Lin	Item Number	Description	Qty	UM	From Location	Ship	Box
1	87079	BRSTSHLD XL30MM 12PK	8.0	EA	E6195131	8	1-2

Qty: 8 Lot/ Serial: T1196278 Lot/Serial: K

Picked By:

[Signature] 6/28/18

Packed By:

[Signature] 6/29/18

MIDDLE DISTRICT OF TENNESSEE

Claims Register

[3:18-bk-05678 Clarksdale Regional Medical Center Inc.](#)

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6736895)

Claim No: 1

Status:

MEDELA LLC

Original Filed

Filed by: CR

1101 CORPORATE DR

Date: 09/11/2018

Entered by: Intake2

MCHENRY IL 60050

Original Entered

Modified:

Date: 09/11/2018

Amount claimed: \$1254.52

History:

[Details](#) [1-1](#) 09/11/2018 Claim #1 filed by MEDELA LLC, Amount claimed: \$1254.52 (Intake2)

Description: (1-1) GOODS SOLD

Remarks:

Claims Register Summary

Case Name: Clarksdale Regional Medical Center Inc.

Case Number: 3:18-bk-05678

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$1254.52
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		