

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center, Inc.  
 Debtor 2 (Spouse, if filing) \_\_\_\_\_  
 United States Bankruptcy Court for the: Middle District of Tennessee.  
 Case number 18-05678

FILED

OCT 15 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?

Southern Duplicating of MS  
 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?

☒ No

☐ 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?

Southern Duplicating of MS  
 Name  
4345 Highway 61 South  
 Number Street  
Clarksdale, MS 38614  
 City State ZIP Code

Contact phone 662-624-2976

Contact email \_\_\_\_\_

Where should payments to the creditor be sent? (if different)

Same  
 Name

Number Street

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?

☒ No

☐ 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?

☒ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

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

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

7. How much is the claim? \$ 23,663.92 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).  
*This amount is pre-petition lease pymts only*

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.  
pre-petition Lease payments on copiers.

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: copy machines

**Basis for perfection:** LEASE - see attached

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: \$ 23,663.92

Annual Interest Rate (when case was filed) N/A %

☐ 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. \$ 23,663.92

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

☐ 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

10/9/2018  
MM / DD / YYYY

Signature

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

Name

Billy Craig Steen  
First name Middle name Last name

Title

Operation Manager

Company

Southern Duplicating of MS

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

Address

4345 Highway 61 South  
Number Street

Clarksdale MS 38614  
City State ZIP Code

Contact phone

662-624-2976

Email

billys@southern  
duplicating.com



**EQUIPMENT LEASE**

This LEASE AGREEMENT made this 6th day of October 2016, by and between Southern Duplicating of Clarksdale, hereinafter called the LESSOR, and NWMRMC, whose address is 1970 Hospital Drive Clarksdale, MS 38614, hereinafter called the LESSEE:

**WITNESSETH:**

1. LEASE: Lessor hereby leases to Lessee, and Lessee hereby leases from Lessor, the personal property described below and listed on any supplement attached hereinafter, with all replacement parts, additions, repairs and accessories incorporated therein and/or affixed thereto; hereinafter referred to as "EQUIPMENT";

2. EQUIPMENT:

Quantity	Make	Model	Serial No.
	SEE ATTACHMENT A		

3. TERM: This Lease is for a term of 36 months beginning on the 6th day of October 2016. For said term, the Lessee agrees to pay Lessor aggregate rentals equal to the sum of all rental payments including advance rentals specified below.

4. RENTALS: The rentals will be in 36 monthly installments. All rents shall be paid without notice or demand and without deduction or set-off of any amount whatsoever at the Lessor's place of business during regular banking hours. For the equipment and other services provided herein, Lessee agrees to pay Lessor rental of:  
36 monthly installments of \$ 6298.00 each, all payable the like date of each successive month commencing October 2016.

5. DEPOSIT: Lessee agrees to deposit an amount equal to the        monthly installments on the effective date of this lease. The deposit will be held to insure the performance of the provisions herein. If all of the provisions have been satisfactorily performed, the deposit will be applied to the rental payments on the due date of the final        monthly installment(s).

6. DESTRUCTION OF EQUIPMENT: If any equipment is totally destroyed, the liability of the Lessee to pay rent therefor may be discharged by paying to Lessor, all the rent due thereon plus rents that become due thereon, less the net amount of the recovery, if any, actually received by Lessor from insurance or otherwise for such loss or damage. The total or partial destruction of any equipment or total or partial loss of use or possession thereof to Lessee shall not release or relieve from the duty to pay the rent herein provided.

7. WARRANTIES BY LESSOR: Lessor, not being the manufacturer of the equipment, nor manufacturer's agent, makes no warranty or representation, either express or implied, as to the fitness, quality, design, condition, capacity, suitability of performance of the equipment or of the material of workmanship thereof; Lessee agrees that all such risks as between the Lessor and the Lessee are to be born by the Lessee. Lessee accordingly agrees not to assert any claim whatsoever against the Lessor for loss of anticipatory profits or consequential damages.

8. MAINTENANCE: Lessor shall have no obligation to install, erect, test, adjust or service the equipment.

9. LOCATION OF THE EQUIPMENT: The equipment shall be located at the address of the Lessee as set forth in Paragraph 10 below, and shall not be removed, except in the ordinary course of business from such location without the prior written consent of the Lessor.

10. DELIVERY: Lessee hereby directs that the equipment (which Lessee has requested Lessor to purchase) be delivered to NWMRMC 1970 Hospital Drive Clarksdale, MS 38614.

11. INDEMNITY: Lessee shall indemnify and save Lessor harmless from any and all liability arising out of the ownership, selection, possession, leasing, renting, operation, control, use, maintenance, delivery and or return of equipment, but shall be credited with any amounts received by Lessor with respect thereto from liability insurance procured by Lessee.

12. INSURANCE: Lessee shall keep the equipment insured against all risk of loss or damages from every cause whatsoever for not less than the replacement cost new of the leased equipment, without consideration for depreciation. Lessee shall carry public liability insurance, both personal injury and property damage. The Lessee shall be liable for all deductible portions of all required insurance. The insurance will be in a form and amount and with a company satisfactory to Lessor. All insurance for loss shall be in the joint names of the Lessor and Lessee. The Lessee shall pay the premiums therefor and deliver to the Lessor the policies or duplicates or other evidence satisfactory to Lessor of such insurance coverage.

13. TAXES: Lessee shall comply with all the laws relating to and shall promptly pay when due all license fees, registration fees, charges and taxes, municipal, state and federal, excluding, however, any taxes payable in respect to Lessor's income from the leasing of this equipment.

14. TITLE OF LESSOR: Title to equipment shall at all times remain in Lessor, and Lessee, at its own cost and expense, shall protect and defend the title of Lessor. Lessee shall at all times keep equipment free and clear from all



levies, attachments, liens, encumbrances, and charges or other judicial process of every kind whatsoever.

15. RECORDING: The Lessee agrees to pay all costs, charges and expenses incident to the recording, registering or filing of this Lease in such offices as the Lessor may determine and wherever required by law, for the proper protection of Lessor's title.

16. COLLECTION EXPENSES, LATE CHARGES, AND ADVANCES: Should Lessee fail to pay any part of the rent herein reserved or any other sum required to be paid by Lessee to Lessor hereunder, Lessee shall pay Lessor a late charge on such delinquent payment at the lesser of ten (10%) percent thereof or the highest legal contract rate from the date when such payment was due until paid, and the expenses of any collection agency or service employed by Lessor to collect said payments, in the event Lessor employs the services of any attorney to enforce any of the terms of this Lease, Lessee agrees to pay reasonable attorneys' fees and court costs so incurred by Lessor. All advances made by Lessor to preserve said property or to pay insurance premiums for insurance thereon or to discharge and pay any taxes, liens or encumbrances thereon shall be added to the unpaid balance of rentals due hereunder and shall be repayable by Lessee to Lessor together with interest thereon at the highest legal contract rate until paid.

17. DEFAULT: If (a) Lessee shall default in the payment of any rent when due, or (b) Lessee shall default in the payment of any indebtedness of Lessee to Lessor arising independently of this lease, or (c) Lessee shall default in the performance of any other covenants herein and such default shall continue for thirty (30) days after written notice thereof to Lessee by Lessor, or (d) Lessee becomes insolvent or makes an assignment for the benefit of creditors, or (a) Lessee applies for or consents to the appointment of a receiver, Trustee or liquidator of all or a substantial part of the assets of Lessee, or if such receiver, Trustee or liquidator is appointed without the application or consent of Lessee, or if a Petition is filed by or against Lessee under the Bankruptcy Act or any amendment thereto, or any other insolvency law providing for the relief of debtors, then Lessor shall have the right to exercise any one or more of the following remedies:

- (a) Declare the entire amount of the unpaid rent for the balance of the term of this lease due and payable;
- (b) Without demand or legal process enter the premises where Equipment may be found and take possession of and remove the Equipment whereupon all rights of Lessee in the Equipment shall terminate absolutely; and, the Lessor shall retain Equipment and all prior payments of rent made hereunder;
- (c) Retain all prior payments of rent and sell Equipment at public or private sale, with or without notice to Lessee, with or without having Equipment at the sale, at which sale Lessor may purchase all or any of the Equipment; the proceeds of such sale, less expenses for storage, repairing and reselling, and reasonable attorneys fees incurred by Lessor, to be applied to the payment of the unpaid total rent for the balance of the term of the sale, Lessee remaining liable for the balance of said unpaid total rent. If being agreed that the amounts to be retained by Lessor and the balance to be paid by Lessee under this Section shall not be a penalty, but shall be liquidated damages for the breach of this agreement and as a reasonable return for the use of equipment and the depreciation thereof.

18. REDELIVERY: On the termination of this lease, Lessee shall at its own cost and expense return Equipment to Lessor at an address specified by Lessor in the same condition as received, reasonable wear and tear and normal depreciation excepted.

19. ENTIRE AGREEMENT: Lessee agrees that Lessor has made no representation or warranty of any kind, nature or description, express or implied, with respect to the equipment. This Lease contains the entire agreement between the parties.

IN WITNESS WHEREOF, Lessee has duly executed this Lease, this the 25<sup>th</sup> day of October, 2016  
It is agreed and understood by the parties hereto that this Equipment Lease is not valid until accepted and approved by Lessor as indicated below.

\_\_\_\_\_  
LESSEE

\_\_\_\_\_  
TITLE

WITNESS:

Paula L. Thompson 10/25/16

\_\_\_\_\_  
LESSOR

\_\_\_\_\_  
TITLE

DATE ACCEPTED: 10/25/16

WITNESS:

\_\_\_\_\_  
Rental Price includes 250,000 black/white impressions and 3,000 color impressions per month. Overage will be read quarterly and billed at \$.008 per black/white impression and \$.06 per color impression. Rental includes all parts, labor, toner and drums. Does not include paper, staples or in-house network problems.



# ATTACHMENT A

2016 - New machines  
put out October 2016

Location	MODEL	Rental	Machine Set Up	SN#
2nd East	M3540	\$ 66.00	Machine & Paper Tray	LSH6621123
2nd Main- Telemetry	M2535	\$ 25.00	Machine	LVZ5Y27623
2nd West (NW) - Post Partum	M3540	\$ 66.00	Machine & Paper Tray	LSH6621119
2nd West (SW) - Pediatrics	M3540	\$ 66.00	Machine & Paper Tray	LSH6621130
3rd West	M3540	\$ 66.00	Machine & Paper Tray	LSH6620855
3rd Main	M3540	\$ 66.00	Machine & Paper Tray	LSH6621029
Administration	TA-5551ci	\$ 304.00	Machine, Feeder, Paper Deck, Staple, Punch, Fax	L895X04262
Business Office - Administration	M3040	\$ 50.00	Machine	LSD5911254
Business Office - Outsider Datacenter	TA-3501i	\$ 152.00	Machine, Feeder, Stand & Fax	L7S6717435
Cambell Clinic	M3540	\$ 55.00	Machine	LSH6318432
Cardiopulmonary	M3040	\$ 50.00	No Fax	LSD6818770
Case Management	TA-5501i	\$ 180.00	Machine, Feeder, Stand & Fax	L7J5Y10200
Cath Lab	M2535	\$ 36.00	Paper Tray	LVZ5Y27608
Data Processing - Hallway	M3040	\$ 50.00	Machine	LSD6818757
Deporre's Clinic	M3540	\$ 55.00	Machine	LSH6620849
Dialysis	M2035	\$ 20.00	Machine	LVV6506399
Dietary - Supervisor Office	M2035	\$ 20.00	Machine	LVV6506407
Education	TA-5551ci	\$ 260.00	Machine, Feeder, Stand, Staple, Punch	L895102740
Endoscopy	M2535	\$ 25.00	Machine	LVZ5Y27626
ER Admitting	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S6717441
ER -Nurse Station Rear	M2535	\$ 25.00	Machine	LVZ5Y27622
ER- Security Room	M2535	\$ 25.00	Machine	LVZ5Y27618
HIM	TA-5501i	\$ 160.00	Machine, Feeder, Stand	L7J5Y10149
HR	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S6717402
ICU	M3540	\$ 66.00	Machine & Paper Tray	LSH6621121
L&D Nurse Station - Directors Office	M2035	\$ 20.00	Machine	LVV6506412
L&D Nurse Station	M2535	\$ 36.00	Machine & Paper Tray	LVZ5Y27625
L&D Recovery	M3540	\$ 66.00	Machine & Paper Tray	LSH6621128
Lab - Clerical	M3540	\$ 55.00	Machine	LSH6621122
MOB 1H=Ortho Clinic	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S6717355
MOB 2B - Primary Care Clarksdale	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S5914220
MOB 2D - Clarksdale ENT	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S5511787
MOB 2H - Certified Medical	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S5511801
MOB 3B (3G) - Dr. Adelye	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S6717423
MOB 3D - Clarksdale Internal Medicine	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S6717439
MOB 3E - Clarksdale GI Clinic	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S6717457
MOB 3G (3B) - Physician Management	TA-3501i	\$ 152.00	Machine, Feeder, Stand, Fax	L7S6717365
Nursery	M3540	\$ 66.00	Machine & Paper Tray	LSH6621116
Nursing Services	M3040	\$ 61.00	Machine & Paper Tray	LSD5307525
Outpatient - Nurse Station	M2535	\$ 25.00	Machine	LVZ5Y27616
Outpatient - Registration	M3540	\$ 55.00	Machine	LSH6318436
Pharmacy	M2535	\$ 25.00	Machine	LVZ5Y27620
Pharmacy - Director's Office	M2035	\$ 20.00	Machine	LVV6506415
Plant Ops	M2035	\$ 20.00	Machine	LVV6506419
Purchasing	M2535	\$ 25.00	Machine	LVZ5Y27610
Radiology - Scheduling	M2535	\$ 25.00	Machine	LVZ6835633
Surgery	TA-3501i	\$ 130.00	Machine, Feeder, Stand	L7S6717443
Surgery Recovery	M2535	\$ 36.00	Machine & Paper Tray	LVZ5Y27614
Woundcare	M2535	\$ 25.00	Machine	LVZ6835642
Rental		\$ 4,098.00		
250,000 Black&White Impressions Per Month		\$ 2,000.00		
3000 Color Impressions Per Month		\$ 200.00		
Case 3:18-bk-05678 Claim 9-1			Filed 10/15/18 Desc Main Document	Page 6 of 22
		\$ 6,298.00		





4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23520

Invoice Date: May 25, 2018

Page: 1

*Duplicate*

**Bill To:**

NORTHWEST MISSISSIPPI MEDICAL CENTER  
P.O. BOX 1218  
CLARKSDALE, MS 38614

**Ship to:**

NORTHWEST MISSISSIPPI MEDICAL  
CENTER  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		6/14/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Administration TA-5551ci L895X04262		304.0000	304.00
1.00	Rental	ER TA-3501i L7S6717441		152.0000	152.00
1.00	Rental	Staff Dev. (Case Mang.) TA-5501i L7J5Y10200		180.0000	180.00
1.00	Rental	Education TA-5551ci L895102740		260.0000	260.00
1.00	Rental	Nursing Service M3040 LSD5307525		61.0000	61.00
1.00	Rental	HIM TA-5501i L7J5Y10149		160.0000	160.00
1.00	Rental	MOB 3D Internal Medicine TA-3501i L7S6717439		152.0000	152.00
1.00	Rental	MOB 3E GI Clinic TA-3501i L7S6717457		152.0000	152.00
1.00	Rental	Surgery TA-3501i L7S6717443		130.0000	130.00
1.00	Rental	Data Processing Hallway M3040 LSD6818757		50.0000	50.00
1.00	Rental	Business Office - Outside Datacenter TA-3501i L7S6717435		152.0000	152.00
1.00	Rental	MOB 3G Physicians Management TA-3501i L7S6717365		152.0000	152.00
1.00	Rental	MOB 2H Certified Medical (Munir)		152.0000	152.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	Continued

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23520

Invoice Date: May 25, 2018

Page: 2

Duplicate

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

<b>Ship to:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID		Customer PO		Payment Terms	
NWMRMC		24967		Net 30 Days	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		Airborne			6/14/18
Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	TA-3501i SN# L7S5511801			
1.00	Rental	Lab - Clerical M3540 LSH6621122		55.0000	55.00
		Cardiopulmonary M3040		50.0000	50.00
		LSD6818770			
1.00	Rental	Outpatient - Registration M3540		55.0000	55.00
		LSH6318436			
1.00	Rental	Campbell Clinic M3540		55.0000	55.00
		LSH6318432			
1.00	Rental	3rd Main M3540 LSH6621029		66.0000	66.00
1.00	Rental	ICU M3540 LSH6621121		66.0000	66.00
1.00	Rental	2nd West Nursing M3540		66.0000	66.00
		LSH6621119 (Post Pardum)			
1.00	Rental	MOB 1H - Ortho Clinic TA-3501i		152.0000	152.00
		L7S6717355			
1.00	Rental	MOB 3B - Dr. Adelye TA-3501i		152.0000	152.00
		L7S6717423			
1.00	Rental	Business Office - Admissions		50.0000	50.00
		M3040 LSD5911254			
1.00	Rental	2nd Floor (SW) - Pediatrics M3540		66.0000	66.00
		LSH6621130			
1.00	Rental	2nd East M3540 LSH6621123		66.0000	66.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	Continued

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

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Invoice Number: 23520

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Page: 3

*Duplicate*

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

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NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		6/14/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Radiology - Scheduling M2535 LVZ6835633		25.0000	25.00
1.00	Rental	Outpatient - Nurse Station M2535 LVZ5Y27616		25.0000	25.00
1.00	Rental	2nd Main Telemetry M2535 LVZ5Y27623		25.0000	25.00
1.00	Rental	Dietary - Supervisor Office M2035 LVV6506407		20.0000	20.00
1.00	Rental	L&D Nurse Station - Directors Officel M2035 LVV6506412		20.0000	20.00
1.00	Rental	ER - Security Room M2535 LVZ5Y27618		25.0000	25.00
1.00	Rental	Nursey M3540 LSH6621116		66.0000	66.00
1.00	Rental	Plant Ops M2535 LVZ5116541		25.0000	25.00
1.00	Rental	Pharmacy - Director's Office M2035 LVV6506415		20.0000	20.00
1.00	Rental	L&D Nurse Station M2535 LVZ5Y27625		36.0000	36.00
1.00	Rental	3rd West M3540 LSH6620855		66.0000	66.00
1.00	Rental	Pharmacy M2535 LVZ5Y27620		25.0000	25.00
1.00	Rental	Purchasing M2535 LVZ5Y27610		25.0000	25.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23520

Invoice Date: May 25, 2018

Page: 4

Duplicate

**Bill To:**

NORTHWEST MISSISSIPPI MEDICAL CENTER  
P.O. BOX 1218  
CLARKSDALE, MS 38614

**Ship to:**

NORTHWEST MISSISSIPPI MEDICAL  
CENTER  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer ID		Customer PO		Payment Terms	
NWMRMC		24967		Net 30 Days	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		Airborne			6/14/18
Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Dialysis M2035 LVV6506399		20.0000	20.00
1.00	Rental	L&D Recovery M3540		66.0000	66.00
		LSH6621128			
1.00	Rental	Wound Care M235 LVZ6835642		25.0000	25.00
1.00	Rental	ER- Nurse Station - Rear M2535		25.0000	25.00
		LVZ5Y27622			
1.00	Rental	Surgery- Recovery M2535		36.0000	36.00
		LVZ5Y27614			
1.00	Rental	Cath Lab M2535 LVZ5Y27608		36.0000	36.00
1.00	Rental	Endoscopy M2535 LVZ5Y27626		25.0000	25.00
1.00	Rental	MOB 2D - Clarksdale ENT		152.0000	152.00
		TA-3501i SN# L7S5511787			
1.00	Rental	HR TA-3501i L7S6717402		152.0000	152.00
1.00	Rental	Deporre's Clinic M3540		55.0000	55.00
		LSH6620849			
1.00	Rental	MOB 3D - Clarksdale Internal		173.0000	173.00
		Medicine TA-3501i L7S5914220			
1.00	Copies	250,000 Black & White Copies per month		2,000.0000	2,000.00
1.00	Copies	3000 Color Copies per month		200.0000	200.00

Subtotal	6,324.00
Sales Tax	
Total Invoice Amount	6,324.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,324.00</b>

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23522

Invoice Date: Jun 25, 2018

Page: 1

Duplicate

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

<b>Ship to:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		7/15/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Administration TA-5551ci L895X04262		304.0000	304.00
1.00	Rental	ER TA-3501i L7S6717441		152.0000	152.00
1.00	Rental	Staff Dev. (Case Mang.) TA-5501i L7J5Y10200		180.0000	180.00
1.00	Rental	Education TA-5551ci L895102740		260.0000	260.00
1.00	Rental	Nursing Service M3040 LSD5307525		61.0000	61.00
1.00	Rental	HIM TA-5501i L7J5Y10149		160.0000	160.00
1.00	Rental	MOB 3D Internal Medicine TA-3501i L7S6717439		152.0000	152.00
1.00	Rental	MOB 3E GI Clinic TA-3501i L7S6717457		152.0000	152.00
1.00	Rental	Surgery TA-3501i L7S6717443		130.0000	130.00
1.00	Rental	Data Processing Hallway M3040 LSD6818757		50.0000	50.00
1.00	Rental	Business Office - Outside Datacenter TA-3501i L7S6717435		152.0000	152.00
1.00	Rental	MOB 3G Physicians Management TA-3501i L7S6717365		152.0000	152.00
1.00	Rental	MOB 2H Certified Medical (Munir)		152.0000	152.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23522

Invoice Date: Jun 25, 2018

Page: 2

Duplicate

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

<b>Ship to:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		7/15/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	TA-3501i SN# L7S5511801			
1.00	Rental	Lab - Clerical M3540 LSH6621122		55.0000	55.00
		Cardiopulmonary M3040		50.0000	50.00
		LSD6818770			
1.00	Rental	Outpatient - Registration M3540		55.0000	55.00
		LSH6318436			
1.00	Rental	Campbell Clinic M3540		55.0000	55.00
		LSH6318432			
1.00	Rental	3rd Main M3540 LSH6621029		66.0000	66.00
1.00	Rental	ICU M3540 LSH6621121		66.0000	66.00
1.00	Rental	2nd West Nursing M3540		66.0000	66.00
		LSH6621119 (Post Pardum)			
1.00	Rental	MOB 1H - Ortho Clinic TA-3501i		152.0000	152.00
		L7S6717355			
1.00	Rental	MOB 3B - Dr. Adelye TA-3501i		152.0000	152.00
		L7S6717423			
1.00	Rental	Business Office - Admissions		50.0000	50.00
		M3040 LSD5911254			
1.00	Rental	2nd Floor (SW) - Pediatrics M3540		66.0000	66.00
		LSH6621130			
1.00	Rental	2nd East M3540 LSH6621123		66.0000	66.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	Continued

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**





4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23522

Invoice Date: Jun 25, 2018

Page: 3

*Duplicate*

**Bill To:**

NORTHWEST MISSISSIPPI MEDICAL CENTER  
P.O. BOX 1218  
CLARKSDALE, MS 38614

**Ship to:**

NORTHWEST MISSISSIPPI MEDICAL  
CENTER  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		7/15/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Radiology - Scheduling M2535 LVZ6835633		25.0000	25.00
1.00	Rental	Outpatient - Nurse Station M2535 LVZ5Y27616		25.0000	25.00
1.00	Rental	2nd Main Telemetry M2535 LVZ5Y27623		25.0000	25.00
1.00	Rental	Dietary - Supervisor Office M2035 LVV6506407		20.0000	20.00
1.00	Rental	L&D Nurse Station - Directors Office M2035 LVV6506412		20.0000	20.00
1.00	Rental	ER - Security Room M2535 LVZ5Y27618		25.0000	25.00
1.00	Rental	Nursey M3540 LSH6621116		66.0000	66.00
1.00	Rental	Plant Ops M2535 LVZ5116541		25.0000	25.00
1.00	Rental	Pharmacy - Director's Office M2035 LVV6506415		20.0000	20.00
1.00	Rental	L&D Nurse Station M2535 LVZ5Y27625		36.0000	36.00
1.00	Rental	3rd West M3540 LSH6620855		66.0000	66.00
1.00	Rental	Pharmacy M2535 LVZ5Y27620		25.0000	25.00
1.00	Rental	Purchasing M2535 LVZ5Y27610		25.0000	25.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23522

Invoice Date: Jun 25, 2018

Page: 4

Duplicate

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

<b>Ship to:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		7/15/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Dialysis M2035 LVV6506399		20.0000	20.00
1.00	Rental	L&D Recovery M3540 LSH6621128		66.0000	66.00
1.00	Rental	Wound Care M235 LVZ6835642		25.0000	25.00
1.00	Rental	ER- Nurse Station - Rear M2535 LVZ5Y27622		25.0000	25.00
1.00	Rental	Surgery- Recovery M2535 LVZ5Y27614		36.0000	36.00
1.00	Rental	Cath Lab M2535 LVZ5Y27608		36.0000	36.00
1.00	Rental	Endoscopy M2535 LVZ5Y27626		25.0000	25.00
1.00	Rental	MOB 2D - Clarksdale ENT TA-3501i SN# L7S5511787		152.0000	152.00
1.00	Rental	HR TA-3501i L7S6717402		152.0000	152.00
1.00	Rental	Deporre's Clinic M3540 LSH6620849		55.0000	55.00
1.00	Rental	MOB 3D - Clarksdale Internal Medicine TA-3501i L7S5914220		173.0000	173.00
1.00	Copies	250,000 Black & White Copies per month		2,000.0000	2,000.00
1.00	Copies	3000 Color Copies per month		200.0000	200.00

Check/Credit Memo No:

Subtotal	6,324.00
Sales Tax	
Total Invoice Amount	6,324.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,324.00</b>

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23532

Invoice Date: Jul 25, 2018

Page: 1

Duplicate

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

<b>Ship to:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID		Customer PO		Payment Terms	
NWMRMC		24967		Net 30 Days	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		Airborne			8/14/18
Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Administration TA-5551ci L895X04262		304.0000	304.00
1.00	Rental	ER TA-3501i L7S6717441		152.0000	152.00
1.00	Rental	Staff Dev. (Case Mang.) TA-5501i L7J5Y10200		180.0000	180.00
1.00	Rental	Education TA-5551ci L895102740		260.0000	260.00
1.00	Rental	Nursing Service M3040 LSD5307525		61.0000	61.00
1.00	Rental	HIM TA-5501i L7J5Y10149		160.0000	160.00
1.00	Rental	MOB 3D Internal Medicine TA-3501i L7S6717439		152.0000	152.00
1.00	Rental	MOB 3E GI Clinic TA-3501i L7S6717457		152.0000	152.00
1.00	Rental	Surgery TA-3501i L7S6717443		130.0000	130.00
1.00	Rental	Data Processing Hallway M3040 LSD6818757		50.0000	50.00
1.00	Rental	Business Office - Outside Datacenter TA-3501i L7S6717435		152.0000	152.00
1.00	Rental	MOB 3G Physicians Management TA-3501i L7S6717365		152.0000	152.00
1.00	Rental	MOB 2H Certified Medical (Munir)		152.0000	152.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**





# INVOICE

Invoice Number: 23532  
 Invoice Date: Jul 25, 2018  
 Page: 2  
 Duplicate

4345 HWY 61 SOUTH  
 CLARKSDALE, MS 38614

Voice: 662-624-2976  
 Fax: 662-624-2030

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

<b>Ship to:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		8/14/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	TA-3501i SN# L7S5511801			
1.00	Rental	Lab - Clerical M3540 LSH6621122		55.0000	55.00
		Cardiopulmonary M3040		50.0000	50.00
		LSD6818770			
1.00	Rental	Outpatient - Registration M3540		55.0000	55.00
		LSH6318436			
1.00	Rental	Campbell Clinic M3540		55.0000	55.00
		LSH6318432			
1.00	Rental	3rd Main M3540 LSH6621029		66.0000	66.00
1.00	Rental	ICU M3540 LSH6621121		66.0000	66.00
1.00	Rental	2nd West Nursing M3540		66.0000	66.00
		LSH6621119 (Post Pardum)			
1.00	Rental	MOB 1H - Ortho Clinic TA-3501i		152.0000	152.00
		L7S6717355			
1.00	Rental	MOB 3B - Dr. Adelye TA-3501i		152.0000	152.00
		L7S6717423			
1.00	Rental	Business Office - Admissions		50.0000	50.00
		M3040 LSD591 1254			
1.00	Rental	2nd Floor (SW) - Pediatrics M3540		66.0000	66.00
		LSH6621130			
1.00	Rental	2nd East M3540 LSH6621123		66.0000	66.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	<b>Continued</b>

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**





4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976  
Fax: 662-624-2030

# INVOICE

Invoice Number: 23532  
Invoice Date: Jul 25, 2018  
Page: 3  
Duplicate

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

<b>Ship to:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		8/14/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Radiology - Scheduling M2535 LVZ6835633		25.0000	25.00
1.00	Rental	Outpatient - Nurse Station M2535 LVZ5Y27616		25.0000	25.00
1.00	Rental	2nd Main Telemetry M2535 LVZ5Y27623		25.0000	25.00
1.00	Rental	Dietary - Supervisor Office M2035 LVV6506407		20.0000	20.00
1.00	Rental	L&D Nurse Station - Directors Officel M2035 LVV6506412		20.0000	20.00
1.00	Rental	ER - Security Room M2535 LVZ5Y27618		25.0000	25.00
1.00	Rental	Nurse M3540 LSH6621116		66.0000	66.00
1.00	Rental	Plant Ops M2535 LVZ5116541		25.0000	25.00
1.00	Rental	Pharmacy - Director's Office M2035 LVV6506415		20.0000	20.00
1.00	Rental	L&D Nurse Station M2535 LVZ5Y27625		36.0000	36.00
1.00	Rental	3rd West M3540 LSH6620855		66.0000	66.00
1.00	Rental	Pharmacy M2535 LVZ5Y27620		25.0000	25.00
1.00	Rental	Purchasing M2535 LVZ5Y27610		25.0000	25.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	
<b>TOTAL</b>	Continued

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23532

Invoice Date: Jul 25, 2018

Page: 4

Duplicate

<b>Bill To:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER P.O. BOX 1218 CLARKSDALE, MS 38614

<b>Ship to:</b>
NORTHWEST MISSISSIPPI MEDICAL CENTER 1970 HOSPITAL DRIVE CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		8/14/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Dialysis M2035 LVV6506399		20.0000	20.00
1.00	Rental	L&D Recovery M3540		66.0000	66.00
		LSH6621128			
1.00	Rental	Wound Care M235 LVZ6835642		25.0000	25.00
1.00	Rental	ER- Nurse Station - Rear M2535		25.0000	25.00
		LVZ5Y27622			
1.00	Rental	Surgery- Recovery M2535		36.0000	36.00
		LVZ5Y27614			
1.00	Rental	Cath Lab M2535 LVZ5Y27608		36.0000	36.00
1.00	Rental	Endoscopy M2535 LVZ5Y27626		25.0000	25.00
1.00	Rental	MOB 2D - Clarksdale ENT		152.0000	152.00
		TA-3501i SN# L7S5511787			
1.00	Rental	HR TA-3501i L7S6717402		152.0000	152.00
1.00	Rental	Deporre's Clinic M3540		55.0000	55.00
		LSH6620849			
1.00	Rental	MOB 3D - Clarksdale Internal		173.0000	173.00
		Medicine TA-3501i L7S5914220			
1.00	Copies	250,000 Black & White Copies per month		2,000.0000	2,000.00
1.00	Copies	3000 Color Copies per month		200.0000	200.00

Subtotal	6,324.00
Sales Tax	
Total Invoice Amount	6,324.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>6,324.00</b>

Check/Credit Memo No:

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**





4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23535

Invoice Date: Aug 25, 2018

Page: 1

Duplicate

## Bill To:

NORTHWEST MISSISSIPPI MEDICAL CENTER  
P.O. BOX 1218  
CLARKSDALE, MS 38614

## Ship to:

NORTHWEST MISSISSIPPI MEDICAL  
CENTER  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		9/14/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Administration TA-5551ci L895X04262		304.0000	304.00
1.00	Rental	ER TA-3501i L7S6717441		152.0000	152.00
1.00	Rental	Staff Dev. (Case Mang.) TA-5501i L7J5Y10200		180.0000	180.00
1.00	Rental	Education TA-5551ci L895102740		260.0000	260.00
1.00	Rental	Nursing Service M3040 LSD5307525		61.0000	61.00
1.00	Rental	HIM TA-5501i L7J5Y10149		160.0000	160.00
1.00	Rental	MOB 3D Internal Medicine TA-3501i L7S6717439		152.0000	152.00
1.00	Rental	MOB 3E GI Clinic TA-3501i L7S6717457		152.0000	152.00
1.00	Rental	Surgery TA-3501i L7S6717443		130.0000	130.00
1.00	Rental	Data Processing Hallway M3040 LSD6818757		50.0000	50.00
1.00	Rental	Business Office - Outside Datacenter TA-3501i L7S6717435		152.0000	152.00
1.00	Rental	MOB 3G Physicians Management TA-3501i L7S6717365		152.0000	152.00
1.00	Rental	MOB 2H Certified Medical (Munir)		152.0000	152.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	1,632.08
<b>TOTAL</b>	<b>Continued</b>

Check/Credit Memo No: 61864

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**





4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23535

Invoice Date: Aug 25, 2018

Page: 2

Duplicate

## Bill To:

NORTHWEST MISSISSIPPI MEDICAL CENTER  
P.O. BOX 1218  
CLARKSDALE, MS 38614

## Ship to:

NORTHWEST MISSISSIPPI MEDICAL  
CENTER  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		9/14/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	TA-3501i SN# L7S5511801			
1.00	Rental	Lab - Clerical M3540 LSH6621122		55.0000	55.00
1.00	Rental	Cardiopulmonary M3040		50.0000	50.00
		LSD6818770			
1.00	Rental	Outpatient - Registration M3540		55.0000	55.00
		LSH6318436			
1.00	Rental	Campbell Clinic M3540		55.0000	55.00
		LSH6318432			
1.00	Rental	3rd Main M3540 LSH6621029		66.0000	66.00
1.00	Rental	ICU M3540 LSH6621121		66.0000	66.00
1.00	Rental	2nd West Nursing M3540		66.0000	66.00
		LSH6621119 (Post Pardum)			
1.00	Rental	MOB 1H - Ortho Clinic TA-3501i		152.0000	152.00
		L7S6717355			
1.00	Rental	MOB 3B - Dr. Adelye TA-3501i		152.0000	152.00
		L7S6717423			
1.00	Rental	Business Office - Admissions		50.0000	50.00
		M3040 LSD5911254			
1.00	Rental	2nd Floor (SW) - Pediatrics M3540		66.0000	66.00
		LSH6621130			
1.00	Rental	2nd East M3540 LSH6621123		66.0000	66.00

Subtotal	Continued
Sales Tax	Continued
Total Invoice Amount	Continued
Payment/Credit Applied	1,632.08
<b>TOTAL</b>	<b>Continued</b>

Check/Credit Memo No: 61864

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**





4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23535

Invoice Date: Aug 25, 2018

Page: 3

*Duplicate*

## Bill To:

NORTHWEST MISSISSIPPI MEDICAL CENTER  
P.O. BOX 1218  
CLARKSDALE, MS 38614

## Ship to:

NORTHWEST MISSISSIPPI MEDICAL  
CENTER  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer ID	Customer PO	Payment Terms	
NWMRMC	24967	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		9/14/18

Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Radiology - Scheduling M2535 LVZ6835633		25.0000	25.00
1.00	Rental	Outpatient - Nurse Station M2535 LVZ5Y27616		25.0000	25.00
1.00	Rental	2nd Main Telemetry M2535 LVZ5Y27623		25.0000	25.00
1.00	Rental	Dietary - Supervisor Office M2035 LVV6506407		20.0000	20.00
1.00	Rental	L&D Nurse Station - Directors Office M2035 LVV6506412		20.0000	20.00
1.00	Rental	ER - Security Room M2535 LVZ5Y27618		25.0000	25.00
1.00	Rental	Nursey M3540 LSH6621116		66.0000	66.00
1.00	Rental	Plant Ops M2535 LVZ5116541		25.0000	25.00
1.00	Rental	Pharmacy - Director's Office M2035 LVV6506415		20.0000	20.00
1.00	Rental	L&D Nurse Station M2535 LVZ5Y27625		36.0000	36.00
1.00	Rental	3rd West M3540 LSH6620855		66.0000	66.00
1.00	Rental	Pharmacy M2535 LVZ5Y27620		25.0000	25.00
1.00	Rental	Purchasing M2535 LVZ5Y27610		25.0000	25.00

Subtotal

Continued

Sales Tax

Continued

Total Invoice Amount

Continued

Payment/Credit Applied

1,632.08

**TOTAL**

Continued

Check/Credit Memo No: 61864

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



4345 HWY 61 SOUTH  
CLARKSDALE, MS 38614

Voice: 662-624-2976

Fax: 662-624-2030

# INVOICE

Invoice Number: 23535

Invoice Date: Aug 25, 2018

Page: 4

*Duplicate*

**Bill To:**

NORTHWEST MISSISSIPPI MEDICAL CENTER  
P.O. BOX 1218  
CLARKSDALE, MS 38614

**Ship to:**

NORTHWEST MISSISSIPPI MEDICAL  
CENTER  
1970 HOSPITAL DRIVE  
CLARKSDALE, MS 38614

Customer ID		Customer PO		Payment Terms	
NWMRMC		24967		Net 30 Days	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		Airborne			9/14/18
Quantity	Item	Description	Serial Number	Unit Price	Amount
1.00	Rental	Dialysis M2035 LVV6506399		20.0000	20.00
1.00	Rental	L&D Recovery M3540		66.0000	66.00
		LSH6621128			
1.00	Rental	Wound Care M235 LVZ6835642		25.0000	25.00
1.00	Rental	ER- Nurse Station - Rear M2535		25.0000	25.00
		LVZ5Y27622			
1.00	Rental	Surgery- Recovery M2535		36.0000	36.00
		LVZ5Y27614			
1.00	Rental	Cath Lab M2535 LVZ5Y27608		36.0000	36.00
1.00	Rental	Endoscopy M2535 LVZ5Y27626		25.0000	25.00
1.00	Rental	MOB 2D - Clarksdale ENT		152.0000	152.00
		TA-3501i SN# L7S5511787			
1.00	Rental	HR TA-3501i L7S6717402		152.0000	152.00
1.00	Rental	Deporre's Clinic M3540		55.0000	55.00
		LSH6620849			
1.00	Rental	MOB 3D - Clarksdale Internal		173.0000	173.00
		Medicine TA-3501i L7S5914220			
1.00	Copies	250,000 Black & White Copies per month		2,000.0000	2,000.00
1.00	Copies	3000 Color Copies per month		200.0000	200.00

Subtotal	6,324.00
Sales Tax	
Total Invoice Amount	6,324.00
Payment/Credit Applied	1,632.08
<b>TOTAL</b>	<b>4,691.92</b>

Check/Credit Memo No: 61864

**Please include the invoice number(s) that you would like the payment(s) to be applied to, on the check. If not, the payment(s) will be applied to the oldest invoice(s) currently due.**

**PLEASE MAIL ALL PAYMENTS TO: 4345 HWY 61S**



# 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:* (6763084)  
SOUTHERN DUPLICATING  
OF MS  
4345 HIGHWAY 61 SOUTH  
CLARKSDALE MS 38614

**Claim No:** 9  
*Original Filed*  
*Date:* 10/15/2018  
*Original Entered*  
*Date:* 10/15/2018

*Status:*  
*Filed by:* CR  
*Entered by:* Intake1  
*Modified:*

Amount claimed: \$23663.92

*History:*

[Details](#) [9-1](#) 10/15/2018 Claim #9 filed by SOUTHERN DUPLICATING OF MS, Amount claimed: \$23663.92 (Intake1)

*Description:* (9-1) pre-petition Lease payments on copiers

*Remarks:* (9-1) Form 410 Section for Secured checked but no amount indicated.

### 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

<b>Total Amount Claimed*</b>	\$23663.92
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		