

Fill in this information to identify the case:

Debtor 1 <u>Clarksdale Regional Medical Center Inc.</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE
Case number: 18-05678

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 _____	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>8540.08</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 & Services</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	<u>Joseph McNamara</u>		
	First name	Middle name	Last name
Title	<u>Sr. Manager, Credit Risk</u>		
Company	<u>Olympus Corporation of the Americas</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>3500 Corporate Parkway</u>		
	Number	Street	
	<u>Center Valley, PA 18034</u>		
Contact phone	City	State	ZIP Code
	<u>1 484 896 5371</u>	Email	<u>joseph.mcnamara@olympus.com</u>

Open Invoices

Customer: 2002 - 2002 - 20010455 - CLARKSDALE HMA LLC CLARKSDALE HMA LLC DBA: MERIT HEALTH NORTHWEST MISSISSIPPI (Clarksdale Regional Medical Center DBA Northwest Mississippi Regional Medical Center)
 Exported: 1/15/2019 11:49 AM

Parent #	Invoice #	SAP Doc #	Assignment #	Invoice Date	Due Date	DBT	Invoice Amount (Trading)	Purchase Order	Order #	Terms	Proof of Delivery
20010455	95728768	SV500026811	829-55479745	5/15/2018	6/14/2018	215	1,358.35	829-55479745	70450221	NT30	0070450221
20010455	95728769	SV500026811	829-55479745	5/15/2018	6/14/2018	215	1,358.35	829-55479745	70450221	NT30	0070450221
20010455	95728770	SV500026811	829-55479745	5/15/2018	6/14/2018	215	1,358.35	829-55479745	70450221	NT30	0070450221
20010455	95729877	SO 7564207	749-6732674	5/15/2018	6/14/2018	215	73.00	749-6732674	7564207	NT30	0083013568
20010455	95757070	SV500026811	829-55479745	5/19/2018	6/18/2018	211	1,358.35	829-55479745	70450221	NT30	0070450221
20010455	95806905	SO 7594786	749-6743222	5/31/2018	6/30/2018	199	73.00	749-6743222	7594786	NT30	0083052750
20010455	95893021	SV500026811	829-55479745	6/19/2018	7/19/2018	180	1,358.35	829-55479745	70450221	NT30	0070450221
20010455	95933280	SO 7647670	749-6759670	6/27/2018	7/27/2018	172	73.00	749-6759670	7647670	NT30	0083117152
20010455	96034295	SV500026811	829-55479745	7/19/2018	8/18/2018	150	1,358.35	829-55479745	70450221	NT30	0070450221
20010455	96035470	SO 7685876	749-6771624	7/19/2018	8/18/2018	150	45.10	749-6771624	7685876	NT30	0083165247
20010455	96051313	SO 7692098	749-6773102	7/23/2018	8/22/2018	146	73.00	749-6773102	7692098	NT30	0083172878
20010455	96064742	SO 7697464	749-6774752	7/25/2018	8/24/2018	144	52.88	749-6774752	7697464	NT30	0083180084

8,540.08

Mail Remittance To:
 Olympus America Inc.
 PO Box 120600, Dept 0600
 Dallas, TX 75312-0600

Invoice 95728768

Mail All Correspondence To:

3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Payer	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

Information	
Invoice Date	05/15/2018
Currency	USD
Terms of Payment	Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500026811 Customer: CLARKSDALE HMA LLC (0020010455) Contract Term : 10/19/2016 - 10/18/2019 Coverage Term : 02/19/2018 - 03/18/2018	829-55479745	
	Sub Total	1,358.35
	Sales Tax	0.00
	Total Amount	1,358.35
	Total Tax	0.00
	Total Due	1,358.35

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

Invoice 95728769

Mail All Correspondence To:

3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Payer	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

Information	
Invoice Date	05/15/2018
Currency	USD
Terms of Payment	Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500026811 Customer: CLARKSDALE HMA LLC (0020010455) Contract Term : 10/19/2016 - 10/18/2019 Coverage Term : 03/19/2018 - 04/18/2018	829-55479745	
	Sub Total	1,358.35
	Sales Tax	0.00
	Total Amount	1,358.35
	Total Tax	0.00
	Total Due	1,358.35

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

Invoice 95728770

Mail All Correspondence To:

3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Payer	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

Information	
Invoice Date	05/15/2018
Currency	USD
Terms of Payment	Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500026811 Customer: CLARKSDALE HMA LLC (0020010455) Contract Term : 10/19/2016 - 10/18/2019 Coverage Term : 04/19/2018 - 05/18/2018	829-55479745	
	Sub Total	1,358.35
	Sales Tax	0.00
	Total Amount	1,358.35
	Total Tax	0.00
	Total Due	1,358.35

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 95729877

Mail Remittance To:

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

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Ship-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE , MS 38614-7202	

Sold-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE , MS 38614-7202	

Attn:

Information	
Invoice Date (Due Date)	05/15/2018 (06/14/2018)
Delivery No.	83013568
Ref Sales Order No.	7564207 (05/14/2018)
Customer PO No.	749-6732674
Payer No.	20010455
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
2	006775-901 006775-901 006775-901 Fluid Collection Set 5bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	73.00	73.00
Freight					: 0.00
Net Value					: 73.00
Total Before Tax					: 73.00
Tax					: 0.00
Total Amount (USD)					: 73.00

Notes

Tracking #: 440758718217 - 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

Invoice 95757070

Mail All Correspondence To:

3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Payer	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

Information	
Invoice Date	05/19/2018
Currency	USD
Terms of Payment	Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500026811 Customer: CLARKSDALE HMA LLC (0020010455) Contract Term : 10/19/2016 - 10/18/2019 Coverage Term : 05/19/2018 - 06/18/2018	829-55479745	1,358.35
	Sub Total	1,358.35
	Sales Tax	0.00
	Total Amount	1,358.35
	Total Tax	0.00
	Total Due	1,358.35

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 95806905

Mail Remittance To:

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

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

Ship-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE , MS 38614-7202	

Sold-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE , MS 38614-7202	

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

Information	
Invoice Date (Due Date)	05/31/2018 (06/30/2018)
Delivery No.	83052750
Ref Sales Order No.	7594786 (05/30/2018)
Customer PO No.	749-6743222
Payer No.	20010455
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	006775-901 006775-901 006775-901 Fluid Collection Set 5bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	73.00	73.00
Freight					: 0.00
Net Value					: 73.00
Total Before Tax					: 73.00
Tax					: 0.00
Total Amount (USD)					: 73.00
Notes					
Tracking #: 443756635408 - 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

Invoice 95893021

Mail All Correspondence To:

3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Payer	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

Information	
Invoice Date	06/19/2018
Currency	USD
Terms of Payment	Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500026811 Customer: CLARKSDALE HMA LLC (0020010455) Contract Term : 10/19/2016 - 10/18/2019	829-55479745	
Coverage Term : 06/19/2018 - 07/18/2018		1,358.35
	Sub Total	1,358.35
	Sales Tax	0.00
	Total Amount	1,358.35
	Total Tax	0.00
	Total Due	1,358.35

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 95933280

Mail Remittance To:

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

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Ship-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE , MS 38614-7202	

Sold-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE , MS 38614-7202	

Information	
Invoice Date (Due Date)	06/27/2018 (07/27/2018)
Delivery No.	83117152
Ref Sales Order No.	7647670 (06/27/2018)
Customer PO No.	749-6759670
Payer No.	20010455
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	006775-901 006775-901 006775-901 Fluid Collection Set 5bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	73.00	73.00
Freight					: 0.00
Net Value					: 73.00
Total Before Tax					: 73.00
Tax					: 0.00
Total Amount (USD)					: 73.00

Notes

Tracking #: 447096011106 - 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

Invoice 96034295

Mail All Correspondence To:

3500 Corporate Parkway
 P.O. BOX 610
 Center Valley, PA 18034-0610

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Payer	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

Information	
Invoice Date	07/19/2018
Currency	USD
Terms of Payment	Net 30 Days

Attn:

Description	Customer PO No	Amount
FULL SERVICE CONTRACT Service Contract : 0500026811 Customer: CLARKSDALE HMA LLC (0020010455) Contract Term : 10/19/2016 - 10/18/2019 Coverage Term : 07/19/2018 - 08/18/2018	829-55479745	
	Sub Total	1,358.35
	Sales Tax	0.00
	Total Amount	1,358.35
	Total Tax	0.00
	Total Due	1,358.35

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 96035470

Mail Remittance To:

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

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Ship-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE, MS 38614-7202	

Sold-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE, MS 38614-7202	

Information	
Invoice Date (Due Date)	07/19/2018 (08/18/2018)
Delivery No.	83165247
Ref Sales Order No.	7685876 (07/18/2018)
Customer PO No.	749-6771624
Payer No.	20010455
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
1	MAJ-1951 N3647800 MAJ-1951 SDI CABLE 2.5M Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	45.10	45.10
Freight					0.00
Net Value					45.10
Total Before Tax					45.10
Tax					0.00
Total Amount (USD)					45.10

Notes

Tracking #: 438710638406-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.

OLYMPUS

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

Invoice 96051313**Mail Remittance To:**

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

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Ship-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE, MS 38614-7202	

Sold-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE, MS 38614-7202	

Information	
Invoice Date (Due Date)	07/23/2018 (08/22/2018)
Delivery No.	83172878
Ref Sales Order No.	7692098 (07/23/2018)
Customer PO No.	749-6773102
Payer No.	20010455
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	006775-901 006775-901 006775-901 Fluid Collection Set 5bx Serial No. () THANK YOU FOR YOUR ORDER	NEW	1	73.00	73.00

Freight				:	0.00

Net Value				:	73.00

Total Before Tax				:	73.00
Tax				:	0.00

Total Amount (USD)				:	73.00

Notes					

Tracking #: 438710698136-Fedex 2nd Day					

Page 1 of 1

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



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

Invoice 96064742

Mail Remittance To:

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

Bill-To	20010455
CLARKSDALE HMA LLC PO Box 1218 CLARKSDALE, MS 38614-1218	

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

Ship-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE , MS 38614-7202	

Sold-To	20010455
CLARKSDALE HMA LLC 1970 HOSPITAL DR CLARKSDALE , MS 38614-7202	

Information	
Invoice Date (Due Date)	07/25/2018 (08/24/2018)
Delivery No.	83180084
Ref Sales Order No.	7697464 (07/25/2018)
Customer PO No.	749-6774752
Payer No.	20010455
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
1	OIS-09680 U2216180 OIS-09680 CBL-YV-BBD625BK RG-6 SERIAL DI Serial No. ()	NEW	1	47.38	47.38

THANK YOU FOR YOUR ORDER

Freight	:	5.50
Net Value	:	47.38
Total Before Tax	:	52.88
Tax	:	0.00
Total Amount (USD)	:	52.88

Notes

Tracking #: 438710750638-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.

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: (6822361) **Claim No:** 18 *Status:*
Olympus Corporation of the *Original Filed* *Filed by:* CR
Americas *Date:* 01/15/2019 *Entered by:* admin
3500 Corporate Parkway (attn *Original Entered* *Modified:*
Joe McNamara) *Date:* 01/15/2019
Center Valley, PA 18034
Amount claimed: \$8540.08

History:

[Details](#) [18-1](#) 01/15/2019 Claim #18 filed by Olympus Corporation of the Americas, Amount claimed: \$8540.08 (admin)

Description:

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*	\$8540.08
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		