#### Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE

FILED

U.S. Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE

1/16/2019

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 Clair	n							
1.Who is the current creditor?	Alcon Laboratories, Inc.							
	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?	<ul> <li>☑ No</li> <li>☑ Yes. From whom?</li> </ul>							
3.Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)						
creditor be sent?	Alcon Laboratories, Inc.	Alcon Laboratories, Inc.						
Federal Rule of	Name	Name						
Bankruptcy Procedure (FRBP) 2002(g)	Saul Ewing Arnstein & Lehr LLP (Sean Williams) 161 North Clark Street Suite 4200	Attn: Bankruptcy TB–4 6201 S. Freeway						
	Chicago, IL 60601	Fort Worth, TX 76134						
	Contact phone312-876-6934	Contact phone 817-551-4734						
	Contact email <u>sean.williams@saul.com</u>	Contact email <u>sondra.davis@alcon.com</u>						
	Uniform claim identifier for electronic payments in chapter	13 (if you use one):						
4.Does this claim amend one already filed?	<ul> <li>No</li> <li>Yes. Claim number on court claims registry (if known</li> </ul>	n) Filed on						
		MM / DD / YYYY						
5.Do you know if anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?							
Official Form 410	Proof of Claim	page 1						

Part 2: Give Information	Abou	It the Claim as of the Date t	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 a	ccount or any number you use	e to identify the debtor:					
7.How much is the claim?	\$		37341.12       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?	deat Ban	mples: Goods sold, money lo th, or credit card. Attach reda kruptcy Rule 3001(c). t disclosing information that is	cted copies of any docur	rformed, personal injury or wrongful nents supporting the claim required by					
		Goods sold	s chilled to phyacy, such						
9. Is all or part of the claim secured?		Yes. The claim is secured by <b>Nature of property:</b> □ Real estate. If the clair	m is secured by the debt	or's principal residence, file a <i>Mortgage</i> I Form 410–A) with this <i>Proof of Claim</i> .					
		Basis for perfection:							
		Attach redacted copies of d interest (for example, a mor document that shows the lie	tgage, lien, certificate of	ow evidence of perfection of a security title, financing statement, or other rded.)					
		Value of property:	\$						
		Amount of the claim that i secured:	is \$						
		Amount of the claim that i unsecured:	is <u>\$</u>	(The sum of the secured and unsecured amounts should match the amount in line 7.)					
		Amount necessary to cure date of the petition:	e any default as of the	\$					
		Annual Interest Rate (whe	n case was filed)	%					
		<ul><li>Fixed</li><li>Variable</li></ul>							
10.Is this claim based on a lease?		No Yes. <b>Amount necessary to</b>	o 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:							
Official Form 410		Pro	of of Claim	page 2					

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		No Yes. <i>Check all that apply</i> :		Amount entitled to priority			
A claim may be partly priority and partly nonpriority. For example	2	Domestic support obligat under 11 U.S.C. § 507(a)	tions (including alimony and child support) )(1)(A) or (a)(1)(B).	\$			
in some categories, the law limits the amount entitled to priority.	,	Up to \$2,850* of deposits property or services for p U.S.C. § 507(a)(7).	s toward purchase, lease, or rental of personal, family, or household use. 11	\$			
		180 days before the ban	missions (up to \$12,850*) earned within kruptcy petition is filed or the debtor's er is earlier. 11 U.S.C. § 507(a)(4).	\$			
		□ Taxes or penalties owed 507(a)(8).	to governmental units. 11 U.S.C. §	\$			
		Contributions to an emplo	oyee benefit plan. 11 U.S.C. § 507(a)(5).	\$			
		□ Other. Specify subsection	n of 11 U.S.C. § 507(a)(_) that applies	\$			
		* Amounts are subject to adjustme of adjustment.	ent on 4/01/19 and every 3 years after that for case	es begun on or after the date			
Part 3: Sign Below							
The person completing this proof of claim must	Che	ck the appropriate box:					
sign and date it. FRBP 9011(b).		I am the creditor.					
If you file this claim	$\checkmark$	I am the creditor's attorney of	· ·				
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
to establish local rules	Ц	I am a guarantor, surety, en	endorser, or other codebtor. Bankruptcy Rule 3005.				
specifying what a signature is.	I unde the a	erstand that an authorized signatur mount of the claim, the creditor gav	re on this Proof of Claim serves as an acknowledg ve the debtor credit for any payments received tow	ment that when calculating ard the debt.			
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.	and c	e examined the information in this l correct. lare under penalty of perjury that th	Proof of Claim and have a reasonable belief that the foregoing is true and correct.	ne information is true			
18 U.S.C. §§ 152, 157 and 3571.	Evo	cuted on date 1/16/201					
	LVC	cuted on date 1/16/201	19				
		MM / DD	/ YYYY				
	/s/ S	Sondra Davis					
	Signa	ature					
	Print	t the name of the person who	o is completing and signing this claim:				
	Nam	ne	Sondra Davis				
			First name Middle name Last name				
	Title	)	Paralegal				
	Com	npany					
			Identify the corporate servicer as the company if t servicer	he authorized agent is a			
	Add	ress	6201 S. Freeway				
			Number Street				
			Fort Worth, TX 76134				
			City State ZIP Code				
	Con	tact phone 817-551-473	· · ·	lcon.com			

Official Form 410

Proof of Claim

Fill i	Fill in this information to identify the case:					
Debt	tor 1 Clarksdale Regional Medical Center, Inc.					
Debt (Spou	tor 2 use, if filing)					
Unite	ed States Bankruptcy Court for the: Middle District of Tennessee					
Case	e number 18-05678					

## 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?	Alcon Laboratories, Inc. 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?	Vo Ves. From whom?								
3.	Where should notices and payments to the	Where should notice	s to the creditor	be sent?	Where should payme different)	ents to the credit	tor be sent? (if			
	creditor be sent?	Saul Ewing Arnste	ein & Lehr (Se	an Williams)	Alcon Laboratorie	es, Inc.				
	Federal Rule of	Name		/	Name					
	Bankruptcy Procedure (FRBP) 2002(g)	161 N. Clark Street, Suite 4200			Attn: Bankruptcy TB4-2, 6201 S. Freeway					
		Chicago	IL	60601	Fort Worth	тх	76134			
		City	State	ZIP Code	City	State	ZIP Code			
		Contact phone 312-87	6-6934		Contact phone 8_17-551-4734 Contact email sondra.davis@alcon.com					
		Contact email Sean.W		com						
		Uniform claim identifier fo	r electronic payment	ts in chapter 13 (if you u 	se one): 	_				
4.	Does this claim amend one already filed?	Vo Ves. Claim numbe	er on court claims	registry (if known)		Filed on	/ DD / YYYY			
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the	he earlier filing?							

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:
How much is the claim?	\$37,341.12. 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).
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
Is all or part of the claim secured?	<ul> <li>☑ No</li> <li>☑ Yes. The claim is secured by a lien on property.</li> </ul>
	Nature of property:
	<ul> <li>Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> <i>Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</li> <li>Motor vehicle</li> <li>Other. Describe:</li> </ul>
	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
. Is this claim based on a	No No
lease?	Yes. Amount necessary to cure any default as of the date of the petition. \$
. Is this claim subject to a right of setoff?	No No
right of seton?	Yes. Identify the property:
Case 3:18-bk	-05678 Claim 19-1 Part 2 Filed 01/16/19 Desc Attachment 1 Page 2

12, is all or part of the claim	Mo No	
entitled to priority under 11 U.S.C. § 507(a)?	Yes, Check one:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	s
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	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 aft	er the date of adjustment.

art 3:	Sign	Below
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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 ĪS.

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.
- L 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.

01 Executed on date

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

Name	Sondra Davis					
	First name	Middle name		Last name		
Title	Paralegal					
Company	Alcon Laboratories	s, Inc.				
	Identify the corporate servi	icer as the company if the aut	horized agent	t is a servicer.		
	6201 S. Erooway					
Address	6201 S. Freeway					
Address	6201 S. Freeway Number Street					
Address			Т	76134		
Address	Number Street		T State	76134 ZIP Code		

Official Form 410 Case 3:18-bk-05678 Claim 19-1 Part 2 Filed 01/16/19 Desc Attachment 1 Page 3 of 38

Ir	Invoice Summary							
Date	Inv #		Amount					
01/04/2018	9653338092	\$	5,261.40					
01/11/2018	9652754475	\$	810.00					
01/22/2018	9652814149	\$	3,156.84					
01/22/2018	9652811658	\$	466.00					
02/01/2018	9652879922	\$	466.00					
02/08/2018	9652924209	\$	450.00					
02/09/2018	9652931327	\$	684.00					
02/12/2018	9652945537	\$	108.00					
02/21/2018	9653004309	\$	323.00					
02/27/2018	9653042439	\$	124.00					
03/07/2018	9653089669	\$	248.00					
03/08/2018	9653104323	\$	257.00					
03/13/2018	9653161371	\$	357.00					
03/15/2018	9653188337	\$	3,156.84					
03/16/2018	9653192831	\$	357.00					
03/21/2018	9653224273	\$	342.00					
04/05/2018	9653319706	\$	1,080.00					
04/09/2018	9652702866	\$	5,261.40					
04/12/2018	9653364318	\$	353.00					
05/03/2018	9653501913	\$	995.00					
05/15/2018	9653564127	\$	451.00					
05/23/2018	9653625193	\$	416.50					
05/23/2018	9653627014	\$	2,630.70					
05/30/2018	9653656349	\$	109.00					
06/20/2018	9653785431	\$	51.00					
06/27/2018	9653822598	\$	90.20					
07/10/2018	9653891314	\$	5,261.40					
07/25/2018	9653994295	\$	288.00					
08/15/2018	9654117426	\$	1,578.42					
08/20/2018	9654142722	\$	288.00					
08/23/2018	9654163542	\$	342.00					
08/27/2018	9654187872	\$	1,578.42					
ТОТ	AL	\$	37,341.12					

#### ALCON LABORATORIES, INC. Invoice Summary

Case 3:18-bk-05678 Claim 19-1 Part 2 Filed 01/16/19 Desc Attachment 1 Page 4



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE		
MO	DAY	YR	NUMBER		
02	/21/201	8	9653004309		
TE	RMS F	ROM	INVOICE DATE		
		Net 30	) days		
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775					
must be days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.		

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO.	10142278	302 Alcon Sales Order	PACKING SLIP NO. 15134	5309	91			g to Alcon's return p		e silipped prepaid
P.O. NO.	749-667		T Indicates Taxable Item	-	QUANT	ITY	Unit	Extended	Discount	Net Price
Item Nurr	nber	Iter	m Description	٦.	Shipped	υом	Price	Price	Allowance	(USD)
SA60AT.190		SA60AT.190 ACRYSOF SP F	FOLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
		Serial Number: 1254020	2018 Consign Billing							
		Serial Number: 1257428	7071 Consign Replacement							
SA60AT.230		SA60AT.230 ACRYSOF SP F	FOLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
		Serial Number: 1249168	4067 Consign Billing							
Serial Number: 12507509089 Consign Replacement										
/TA4U0.195 MTA4U0.195 PMMA SP 5.5 OPTIC 13.0 LENGTH				1	EA	85.00	85.00	0.00	85.0	
Serial Number: 12431575028 Consign Billing										
Serial Number: 12553005099 Consign Replacement										
		ORDERED BY: Yatasha Mus	kin, 6626243453			-				
		PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL RETURNABLE UP TO 6 MON EXPIRATION FOR CREDIT C	THS PAST DATE OF							
Laboratories, Inc Laboratories ver an obligation to r For Customer Surgical: 1-80	c. will be for sus Portlan report thes Service of 10-862-52	r "own use" as defined in the U ad Retail Druggists Association e purchases on cost reports or or Invoice questions, call: 66, Vision Care: 1-800-24	hat the products purchased herein from A hited States Supreme court ruling of Abb Cash discounts are not applied to tax. Y claims submitted to federal health care p 1-5999, PAYMENT IS	ott ou Im rogra	ms.		F		GROSS ANDLING FEE HIS AMOUNT	303.0 20.0 323.0
<b>A</b>		cts, Labor & Parts: 1-800-6		18 			F BILL-TO ACCOUNT 100145705	REMITTANCE DATE MO DAY 02/21/20	IN' YR NU	VOICE IMBER 3004309
							† NU		EFER TO TH I YOUR PAY	
		RETURN THIS SLIP WITH	HYOUR REMITTANCE TO:							F PAYMEN
		Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox P.O. Box 677775							ا B`	S RECEIVED Y 03/23/2018 PAY : 323.00
		Dallas TX 75267-7775	;9653004309000032	30	00000	J 3 2 3	30000000	]0	ا AFTEI	F PAYMEN 8 RECEIVEI R 03/23/201 PAY : 323.0
Page 1 of 1	Case	3:18-bk-05678	Claim 19-1 Part 2 File of 38		1/16/19	D	esc Attac	hment 1	Page 5	



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVOICE D	ATE	INVOICE
MO DAY	YR	NUMBER
02/09/20	18	9652931327
TERMS I	ROM	INVOICE DATE
	Net 30	) days
Alcor Dallas PN P	Labor C Bank .O. Boy	EMITTANCE TO: ratories, Inc. /Lockbox 677775 < 677775 75267-7775
must be made to	Alcon La	tages, or shipping errors boratories, Inc. within 30 claims are null and void

12 months after invoice date. To make a payment, please call: 844-609-1283.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO.	101400529	00 Alcon Sales Order	PACKING SLIP NO.	1513211	37	3		and according	g to Alcon's return p	. All returns must b policy.	o omppod propaid
P.O. NO.	749-6663	918	T Indicates Taxable Item		ł	QUANT	ΊΤΥ	Unit	Extended	Discount	Net Price
Item Nur	nber	lte	m Description		•	Shipped	UOM	Price	Price	Allowance	(USD)
SA60AT.225		SA60AT.225 ACRYSOF SP	FOLDABLE 6.0 OPTIC			1	EA	109.00	109.00	0.00	109.00
		Serial Number: 211691									
		Serial Number: 12484113063 Consign Replacement									
SA60AT.175		SA60AT.175 ACRYSOF SP FOLDABLE 6.0 OPTIC					EA	109.00	109.00	0.00	109.00
		Serial Number: 125143	0 0								
			35023 Consign Replacement								
SA60AT.195		SA60AT.195 ACRYSOF SP				1	EA	109.00	109.00	0.00	109.00
		Serial Number: 124812	0 0								
			66068 Consign Replacement								
SA60AT.195		SA60AT.195 ACRYSOF SP	FOLDABLE 6.0 OPTIC			1	EA	109.00	109.00	0.00	109.00
		Serial Number: 124840	0 0								
			66067 Consign Replacement								
SA60AT.240		SA60AT.240 ACRYSOF SP				1	EA	109.00	109.00	0.00	109.00
		Serial Number: 125075									
			33082 Consign Replacement								
SA60AT.210		SA60AT.210 ACRYSOF SP				1	EA	109.00	109.00	0.00	109.00
		Serial Number: 12548705047 Consign Billing									
		Serial Number: 125533	61074 Consign Replacement								
		ORDERED BY: Yatasha Mu	skin, 6626243453								
	F	PER MISSISSIPPI LAWS									
	A F	ALL EXPIRED DRUGS FULI RETURNABLE UP TO 6 MO EXPIRATION FOR CREDIT	NTHS PAST DATE OF								
		0 40 11 05070		, .l		140140	_	<b>.</b>			
Page 1 of 2	Case	3:18-bk-05678	Claim 19-1 Part 2	-lied	0	1/16/19	I D	esc Attac	nment 1	Page 6	

Page 1 of 2



BILL TO: 100145705

NW MISSISSIPPI REG MED CT

Alcon Laborato	ories, Inc.
6201 South Fre	eeway
Fort Worth TX	76134-2099 USA

	DATE		INVOICE			
MO	DAY	YR	NUMBER			
02	2/09/201	8	9652931327			
TE	TERMS FROM INVOICE DATE					
		Net 30	) days			

ORDER NO.	101400529	90 Alcon Sale	s Order i	PACKING SLIP NO	15	13211373					
P.O. NO.	749-6663		T Indicates Taxat	ole Item	J.	QUANT	ITY	Unit	Extended	Discount	Net Price
Item Num	nber	lte	m Description		V	Shipped	UOM	Price	Price	Allowance	(USD)
Item Num	iber		m Description			Shipped		Price	Price	Allowance	(USD)
Laboratories, Inc Laboratories vers an obligation to r For Customer Surgical: 1-80	b. will be for sus Portland report these Service or 10-862-526	ased upon an understanding t "own use" as defined in the L d Retail Druggists Association purchases on cost reports or Invoice questions, call: 56, Vision Care: 1-800-24 cts, Labor & Parts: 1-800-	United States Suprem 1. Cash discounts are claims submitted to 11-5999,	e court ruling of Abbot not applied to tax. You	t u ma Igrai UE	ms.			FREIGHT & H PAY	GROSS ANDLING FEE THIS AMOUNT	30.00
	TANT - DE	TACH HERE FOR PROP	ER CREDIT					BILL-TO ACCOUNT 100145705	1010/07	IN YR NU	VOICE JMBER 2931327
								↑	PLEASE F	REFER TO TI H YOUR PA	
		RETURN THIS SLIP WIT Alcon Laboratories, Inc. Dallas PNC Bank/Lockbo P.O. Box 677775 Dallas TX 75267 7775		ANCE TO:						l B	IF PAYMENT S RECEIVED Y 03/11/2018 PAY : 684.00
		Dallas TX 75267-7775 3:1803400967670	501.ifr 1919i	₽₰₽₽₽₽₽₩₽₽₩	0	140719	ությ	<u> <u>A</u></u>	adminent 1	I AFTE	IF PAYMENT S RECEIVED R 03/11/2018 PAY : 684.00



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	<b>ATE</b>	INVOICE
MO	DAY	YR	NUMBER
02	2/01/201	8	9652879922
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.(	Labor Bank D. Boy	EMITTANCE TO: ratories, Inc. /Lockbox 677775 < 677775 75267-7775
mustbe days of 12 mon	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO.	1013839	690 Alcon Sales Order	PACKING SLIP NO. 15130	3105	54		and according	g to Alcon's return p	policy.	
P.O. NO.	749-66		ndicates Taxable Item	-	QUANT	TITY	Unit			Net Price
Item Nur	nber	Item	Description		Shipped	UОМ	Price	Price	Allowance	(USD)
SA60AT.175		SA60AT.175 ACRYSOF SP FO	DABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.
		Serial Number: 125002471	24 Consign Billing							
		Serial Number: 125742710	56 Consign Replacement							
SA60AT.175		SA60AT.175 ACRYSOF SP FO	DABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
	Serial Number: 12515658015 Consign Billing									
		Serial Number: 12574271057 Consign Replacement								
SA60AT.205	DAT.205 SA60AT.205 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial Number: 12500783131 Consign Billing				1	EA	109.00	109.00	0.00	109.
		Serial Number: 125113810	57 Consign Replacement							
SA60AT.245		SA60AT.245 ACRYSOF SP FO	DABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
		Serial Number: 124796510	38 Consign Billing							
		Serial Number: 125533830	1 Consign Replacement							
		ORDERED BY: Yatasha Muskin	, 6626243453	μ						
		PER MISSISSIPPI LAWS								
		ALL EXPIRED DRUGS FULL OF	R PARTIAL ARE							
		RETURNABLE UP TO 6 MONTH								
		EXPIRATION FOR CREDIT OR	REPLACEMENT							
The above price	es may be	based upon an understanding that	the products purchased herein from A	lcon					GROSS	436.0
			d States Supreme court ruling of Abb		ou heue		_			
			ash discounts are not applied to tax. Y ims submitted to federal health care p				ŀ	FREIGHT & HA	ANDLING FEE	30.0
For Customer	Service	or Invoice questions, call:		-				PAY T	HIS AMOUNT	466.0
Surgical: 1-8	00-862-5	266, Vision Care: 1-800-241-			ON					
		acts, Labor & Parts: 1-800-83								
<b>A</b>							F	REMITTANCE	ADVICE	
I IMPOR	TANT - L	DETACH HERE FOR PROPER	CREDIT					DATE		
							BILL-TO ACCOUNT			√OICE MBER
								MO DAY	YR NU	
							100145705	02/01/20	18 9652	2879922
							<b>A</b>		EFER TO TH	
							NU	JMBER WITH	HYOUR PAY	MENT
		RETURN THIS SLIP WITH	OUR REMITTANCE TO:							F PAYMEN
		Alcon Laboratories, Inc.							18	S RECEIVED
		Dallas PNC Bank/Lockbox 6	77775							Y 03/03/201
		P.O. Box 677775	· · · · •							PAY : <b>466.0</b>
		Dallas TX 75267-7775							1	F PAYMEN
										S RECEIVEI
		01001459655							AFTEI	R 03/03/201
			6528799220000046							PAY : <b>466.0</b>
	Case	e 3:18-bk-05678 C	aim 19-1 Part 2 File		1/16/19	D	esc Attac	hment 1	Page 8	
Page 1 of 1			of 38	3						



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE
MO	DAY	YR	NUMBER
01	/04/201	8	9652702866
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-66	530878		T Indicates Taxable Item		QUANT		Unit	Extended	Discount	Net Price
Item Num	nber		lte	m Description		Shipped	UOM	Price	Price	Allowance	(USD)
S6544-25		CATARACT NW	MISS REG	MED CTR		10	CV	526.14	5,261.40	0.00	5,261.4
		1 CV = 2 EA									
6544-14		CATARACT NW				20					
8065977758		MONARCH II (B)				20 20					
806574108		ULTRASOUND FMS 0.9MM ABS 30RPAK									
0065080050		BSS PLUS 500ML KIT GLASS-USA					EA				
006507951		BSS 15ML-USA TETRACAINE HCL 0.5% 4ML SOLN -USA					EA				
0065074114						20					
0065002315						20					
8065183135	5	DUOVISC (0.40	PRO/0.35VIS	S) OPH VISC SYST		20	EA				
	ORDERED BY: Yatasha Muskin, 6626243453 Alcon will be closed Monday, January 15 2018 In observance of Martin Luther King Jr Day PER MISSISSIPPI LAWS										
				OR PARTIAL ARE							
				NTHS PAST DATE OF							
		EXPIRATION FO	R CREDIT (	OR REPLACEMENT							
aboratories, Ind aboratories ver	c. will be f sus Portla	for "own use" as defi and Retail Druggists	ined in the U Association	hat the products purchased herein fr nited States Supreme court ruling of . Cash discounts are not applied to t	f Abbott ax. You m				PAY T	GROSS HIS AMOUNT	
aboratories, Ind aboratories ver n obligation to i or Customer urgical: 1-80	c. will be f sus Portla report the Service )0-862-5	for "own use" as defi and Retail Druggists	ined in the U Association st reports or ons, call: 1-800-24	nited States Supreme court ruling of . Cash discounts are not applied to to claims submitted to federal health co 1-5999, PAYMENT	f Abbott ax. You m are progra	ms.			PAY T		
aboratories, Inc aboratories ver n obligation to or Customer Surgical: 1-80 Surgical Servi	c. will be f sus Portla report the Service 00-862-5 ce Contr	for "own use" as defi and Retail Druggists ase purchases on co or Invoice questic 266, Vision Care:	ined in the U Association st reports or Dns, call: 1-800-24 rts: 1-800-	nited States Supreme court ruling of . Cash discounts are not applied to t claims submitted to federal health c 1-5999, PAYMENT 832-7827 02/0	f Abbott ax. You m are progra	ms.		F BILL-TO ACCOUNT	PAY T REMITTANCE DATE MO DAY	HIS AMOUNT ADVICE	
aboratories, Inc aboratories ver in obligation to For Customer Surgical: 1-80 Surgical Servi	c. will be f sus Portla report the Service 00-862-5 ce Contr	for "own use" as defi and Retail Druggists ese purchases on co or Invoice questic i266, Vision Care: racts, Labor & Par	ined in the U Association st reports or Dns, call: 1-800-24 rts: 1-800-	nited States Supreme court ruling of . Cash discounts are not applied to t claims submitted to federal health c 1-5999, PAYMENT 832-7827 02/0	f Abbott ax. You m are progra	ms.		BILL-TO		ADVICE	
aboratories, Inc aboratories ver in obligation to For Customer Surgical: 1-80 Surgical Servi	c. will be f sus Portla report the Service 00-862-5 ce Contr	for "own use" as defi and Retail Druggists ese purchases on co or Invoice questic i266, Vision Care: racts, Labor & Par	ined in the U Association st reports or Dns, call: 1-800-24 rts: 1-800-	nited States Supreme court ruling of . Cash discounts are not applied to t claims submitted to federal health c 1-5999, PAYMENT 832-7827 02/0	f Abbott ax. You m are progra	ms.		BILL-TO ACCOUNT 100145705	REMITTANCE DATE MO DAY 01/04/20 PLEASE R	ADVICE	5,261.4 /OICE MBER 2702866 II <b>S</b>
aboratories, Inc aboratories ver in obligation to For Customer Surgical: 1-80 Surgical Servi	c. will be f sus Portla report the Service 00-862-5 ce Contr	for "own use" as defi and Retail Druggists ese purchases on co or Invoice questic i266, Vision Care: racts, Labor & Par 	ined in the U Association st reports or ons, call: 1-800-24 rts: 1-800- OR PROP	nited States Supreme court ruling of . Cash discounts are not applied to t claims submitted to federal health c 1-5999, PAYMENT 832-7827 02/0	f Abbott ax. You m are progra	ms.		BILL-TO ACCOUNT 100145705	REMITTANCE DATE MO DAY 01/04/20 PLEASE R	ADVICE IN YR NU 18 9652 EFER TO TH H YOUR PAY	5,261.4 VOICE MBER 2702866 IIS MENT
aboratories, Inc aboratories ver n obligation to i or Customer Surgical: 1-80 Surgical Servio	c. will be f sus Portla report the Service 00-862-5 ce Contr	for "own use" as defi and Retail Druggists use purchases on co or Invoice questic 266, Vision Care: racts, Labor & Par DETACH HERE F DETACH HERE F Alcon Laborato Dallas PNC Ba	S SLIP WIT ories, Inc. nk/Lockboz	nited States Supreme court ruling of . Cash discounts are not applied to t claims submitted to federal health ca 1-5999, PAYMENT 832-7827 02/0 ER CREDIT	f Abbott ax. You m are progra	ms.		BILL-TO ACCOUNT 100145705	REMITTANCE DATE MO DAY 01/04/20 PLEASE R	ADVICE IN YR NU 18 9652 EFER TO TH H YOUR PAY	5,261. 5,261. VOICE MBER 2702866 IIS MENT F PAYMEN S RECEIVE Y 02/03/20
aboratories, Inc aboratories ver n obligation to or Customer Surgical: 1-80 Surgical Servi	c. will be f sus Portla report the Service 00-862-5 ce Contr	for "own use" as defi and Retail Druggists use purchases on co or Invoice questic 266, Vision Care: racts, Labor & Par DETACH HERE F DETACH HERE F RETURN THIS Alcon Laborato	ined in the U Association st reports or ons, call: 1-800-24 rts: 1-800- OR PROP	nited States Supreme court ruling of . Cash discounts are not applied to t claims submitted to federal health ca 1-5999, PAYMENT 832-7827 02/0 ER CREDIT	f Abbott ax. You m are progra	ms.		BILL-TO ACCOUNT 100145705	REMITTANCE DATE MO DAY 01/04/20 PLEASE R	ADVICE IN YR NU 18 9652 EFER TO TH YOUR PAY	5,261. /OICE MBER 2702866 II <b>S</b>



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	ATE	INVOICE
MO	DAY	YR	NUMBER
01	/22/201	8	9652814149
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO.	101364	12049 Alcon Sales Order PACKING SLIP NO. 1512809502,1700176724				and according	and according to Alcon's return policy.			
P.O. NO.	749-6	647524	T Indicates Taxable Item	<b>v</b>	QUANT		Unit	Extended	Discount	Net Price
Item Nur	nber	Ite	em Description		Shipped	UOM	Price	Price	Allowance	(USD)
NS6544-25		CATARACT NW MISS REG	MED CTR		6	CV	526.14	3,156.84	0.00	3,156.8
		1 CV = 2 EA								
6544-14		CATARACT NW MISS REG	MED CTR		12	EA				
806597775	8	MONARCH II (B) CARTRID	GES SGL USE		12	EA				
806574108	5	ULTRASOUND FMS 0.9MN	I ABS 30RPAK		12	EA				
006508005					12 24	EA				
006507951						EA				
006507411		TETRACAINE HCL 0.5% 4			12 12					
006500231										
806518313	5	DUOVISC (0.40PRO/0.35V	S) OPH VISC SYST		12	EA				
	ORDERED BY: Yatasha Muskin, 6626243453 PRODUCT DISASSOCIATION									
		FROM PAK# as6544-25								
		ITEM REMOVED: 80659777 REMOVED DUE TO: backo								
		SHIP FROM ALTERNATE D								
	PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FULL OR PARTIAL ARE									
		RETURNABLE UP TO 6 MC								
		EXPIRATION FOR CREDIT	OR REPLACEMENT							
			that the products purchased herein fr							
aboratories ver in obligation to For Customer Surgical: 1-80	rsus Portl report the Service 00-862-5	and Retail Druggists Associatio	Jnited States Supreme court ruling o         1. Cash discounts are not applied to f         r claims submitted to federal health c         41-5999,         •832-7827         02/2	tax. You m are progra	ms.			ΡΑΥ Τ	'HIS AMOUNT	3,156.8
	TANT -	DETACH HERE FOR PROF	PER CREDIT				R	EMITTANCE		
							BILL-TO	DATE		/OICE
						A	CCOUNT	MO DAY	YR NU	MBER
						1	00145705	01/22/20	18 9652	2814149
							<b>≜</b> NU		EFER TO TH	
		RETURN THIS SLIP WI	TH YOUR REMITTANCE TO:							F PAYMEN
		Alcon Laboratorian Inc							15	<b>S RECEIVED</b>
Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775										( 02/21/201
		P.O. Box 677775							PA	Y : <b>3,156.8</b>
		Dallas TX 75267-7775							I	F PAYMEN
										S RECEIVE
		010010500							AFTEI	R 02/21/201
			5965281414900003							\Y : <b>3,156.8</b>
age 1 of 1	Case	e 3:18-bk-05678	Claim 19-1 Part 2 F	11ed 01 f 38	/16/19	De	esc Attach	iment 1	Page 10	

Page 1 of 1



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	<b>ATE</b>	INVOICE
MO	DAY	YR	NUMBER
01	/22/201	8	9652811658
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.(	Labor Bank D. Boy	EMITTANCE TO: ratories, Inc. /Lockbox 677775 < 677775 75267-7775
mustbe days of 12 mon	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

	2419 Alcon Sales Order	PACKING SLIP NO. 15				and according			
P.O. NO. 749-6 Item Number	638580	T Indicates Taxable Item -	<b>†</b>	QUANT Shipped	-	Unit Price	Extended Price	Discount Allowance	Net Price (USD)
	SA60AT.190 ACRYSOF SP			Shipped 1	EA	109.00	109.00	0.00	. ,
SA60AT.190			_	1	EA	109.00	109.00	0.00	109
	Serial Number: 211692								
2A60AT 105	SA60AT.195 ACRYSOF SP	02018 Consign Replacement		1	EA	100.00	100.00	0.00	100
SA60AT.195					EA	109.00	109.00	0.00	109
	Serial Number: 125156	74046 Consign Replacement							
	SA60AT.200 ACRYSOF SP	5 1		1	EA	100.00	100.00	0.00	100
SA60AT.200	Serial Number: 125262		_		EA	109.00	109.00	0.00	109
		26111 Consign Replacement				400.00	100.00	0.00	100
SA60AT.230	SA60AT.230 ACRYSOF SP			1	EA	109.00	109.00	0.00	109
	Serial Number: 211695	0 0							
	Serial Number: 124916	84067 Consign Replacement							
	ORDERED BY: Yatasha Mu	skin, 6626243453							
	PER MISSISSIPPI LAWS								
	ALL EXPIRED DRUGS FUL								
	RETURNABLE UP TO 6 MC								
	EXPIRATION FOR CREDIT	OR REPLACEMENT							
			-						
								00000	10.0
		that the products purchased herein fro						GROSS	436
Laboratories, Inc. will be	for "own use" as defined in the	<b>Jnited States Supreme court ruling of</b>	Abbott			-		GROSS	
Laboratories, Inc. will be Laboratories versus Port	for "own use" as defined in the l land Retail Druggists Associatio	Inited States Supreme court ruling of . Cash discounts are not applied to ta	Abbott ax. You m	ay have		F	FREIGHT & HA	ANDLING FEE	
Laboratories, Inc. will be Laboratories versus Port an obligation to report th	for "own use" as defined in the l land Retail Druggists Associatio ese purchases on cost reports o	<b>Jnited States Supreme court ruling of</b>	Abbott ax. You m	ay have		F			436.0 30.0 466.0
Laboratories, Inc. will be Laboratories versus Port an obligation to report th For Customer Service	for "own use" as defined in the l land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call:	Jnited States Supreme court ruling of . Cash discounts are not applied to ta r claims submitted to federal health ca	Abbott ax. You m are progra	ay have ams.		F		ANDLING FEE	30.
aboratories, Inc. will be aboratories versus Port an obligation to report th For Customer Service Surgical: 1-800-862-	for "own use" as defined in the l land Retail Druggists Associatio ese purchases on cost reports o	Jnited States Supreme court ruling of a. Cash discounts are not applied to ta r claims submitted to federal health ca 41-5999, PAYMENT	Abbott ax. You m are progra	ay have ams.		F		ANDLING FEE	30.
aboratories, Inc. will be aboratories versus Port an obligation to report th For Customer Service Surgical: 1-800-862-	for "own use" as defined in the l land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2	Jnited States Supreme court ruling of a. Cash discounts are not applied to ta r claims submitted to federal health ca 41-5999, PAYMENT	Abbott ax. You m are progra	ay have ams.			PAY T	ANDLING FEE THIS AMOUNT	30.
Laboratories, Inc. will be Laboratories versus Pori an obligation to report th For Customer Service Surgical: 1-800-862- Surgical Service Con	for "own use" as defined in the l land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2	Jnited States Supreme court ruling of         1. Cash discounts are not applied to to         r claims submitted to federal health ca         41-5999,       PAYMENT         -832-7827       02/2	Abbott ax. You m are progra	ay have ams.				ANDLING FEE THIS AMOUNT	30.0
Laboratories, Inc. will be Laboratories versus Pori an obligation to report th For Customer Service Surgical: 1-800-862- Surgical Service Con	for "own use" as defined in the I land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2 tracts, Labor & Parts: 1-800	Jnited States Supreme court ruling of         1. Cash discounts are not applied to to         r claims submitted to federal health ca         41-5999,       PAYMENT         -832-7827       02/2	Abbott ax. You m are progra	ay have ams.			PAY T	ANDLING FEE HIS AMOUNT	30.( 466.(
Laboratories, Inc. will be Laboratories versus Pori an obligation to report th For Customer Service Surgical: 1-800-862- Surgical Service Con	for "own use" as defined in the I land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2 tracts, Labor & Parts: 1-800	Jnited States Supreme court ruling of         1. Cash discounts are not applied to to         r claims submitted to federal health ca         41-5999,       PAYMENT         -832-7827       02/2	Abbott ax. You m are progra	ay have ams.		F	PAY T REMITTANCE DATE	ANDLING FEE HIS AMOUNT ADVICE	30.0
Laboratories, Inc. will be aboratories versus Por an obligation to report th For Customer Service Surgical: 1-800-862- Surgical Service Con	for "own use" as defined in the I land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2 tracts, Labor & Parts: 1-800	Jnited States Supreme court ruling of         1. Cash discounts are not applied to to         r claims submitted to federal health ca         41-5999,       PAYMENT         -832-7827       02/2	Abbott ax. You m are progra	ay have ams.		F BILL-TO ACCOUNT	PAY T REMITTANCE DATE MO DAY	ANDLING FEE THIS AMOUNT ADVICE	30. 466. VOICE IMBER
Laboratories, Inc. will be Laboratories versus Pori an obligation to report th For Customer Service Surgical: 1-800-862- Surgical Service Con	for "own use" as defined in the I land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2 tracts, Labor & Parts: 1-800	Jnited States Supreme court ruling of         1. Cash discounts are not applied to to         r claims submitted to federal health ca         41-5999,       PAYMENT         -832-7827       02/2	Abbott ax. You m are progra	ay have ams.		F BILL-TO	PAY T REMITTANCE DATE	ANDLING FEE THIS AMOUNT ADVICE	30.1 466.1
Laboratories, Inc. will be aboratories versus Por an obligation to report th For Customer Service Surgical: 1-800-862- Surgical Service Con	for "own use" as defined in the I land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2 tracts, Labor & Parts: 1-800	Jnited States Supreme court ruling of         1. Cash discounts are not applied to to         r claims submitted to federal health ca         41-5999,       PAYMENT         -832-7827       02/2	Abbott ax. You m are progra	ay have ams.		F BILL-TO ACCOUNT 100145705	PAY T REMITTANCE DATE MO DAY 01/22/20 PLEASE R	ANDLING FEE HIS AMOUNT ADVICE YR NU 18 9652 EFER TO TH	30. 466. VOICE IMBER 2811658
Laboratories, Inc. will be Laboratories versus Pori an obligation to report th For Customer Service Surgical: 1-800-862- Surgical Service Con	for "own use" as defined in the I land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2 tracts, Labor & Parts: 1-800	Jnited States Supreme court ruling of         1. Cash discounts are not applied to to         r claims submitted to federal health ca         41-5999,       PAYMENT         -832-7827       02/2	Abbott ax. You m are progra	ay have ams.		F BILL-TO ACCOUNT 100145705	PAY T REMITTANCE DATE MO DAY 01/22/20 PLEASE R	ANDLING FEE HIS AMOUNT ADVICE YR NU 18 9652	30. 466. VOICE IMBER 2811658
Laboratories, Inc. will be aboratories versus Por an obligation to report th For Customer Service Surgical: 1-800-862- Surgical Service Con	for "own use" as defined in the I land Retail Druggists Associatio ese purchases on cost reports o e or Invoice questions, call: 5266, Vision Care: 1-800-2 tracts, Labor & Parts: 1-800 DETACH HERE FOR PROF	Jnited States Supreme court ruling of         1. Cash discounts are not applied to to         r claims submitted to federal health ca         41-5999,       PAYMENT         -832-7827       02/2	Abbott ax. You m are progra	ay have ams.		F BILL-TO ACCOUNT 100145705	PAY T REMITTANCE DATE MO DAY 01/22/20 PLEASE R	ANDLING FEE HIS AMOUNT ADVICE YR NU 18 9652 EFER TO TH H YOUR PAY	30. 466. WOICE MBER 2811658 IIS YMENT
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NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

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mustbe days of 12 mon	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-663	297 Alcon Sales 38570		PACKING SLIP NO. 15 T Indicates Taxable Item		QUANT	ITY	Unit	Extended	Discount	Net Price
Item Nur	nber		Ite	m Description	•	Shipped	иом	Price	Price	Allowance	(USD)
3065993047		CLEARCUT SLIT F	FULL HAN	DLE3.0MM ANG DUAL			вох	96.00	384.00	0.00	384.0
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

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Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-66	63915	T Indicates Taxable Item		QUANT	TTY	Unit	Extended	Discount	Net Price
Item Nun	nber		Item Description	•	Shipped	UОМ	Price	Price	Allowance	(USD)
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NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218

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Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

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NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218

SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

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Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

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or Customer Service or Invoice questions, call:		
Burgical:         1-800-862-5266, Vision Care:         1-800-241-5999,         PAYMENT IS DUE ON           Surgical Service Contracts, Labor & Parts:         1-800-832-7827         03/29/2018		
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NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

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MO	DAY	YR	NUMBER
03	/13/201	8	9653161371
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

	20315 Alcon Sales Order 6686645	PACKING SLIP NO. 15138 T Indicates Taxable Item	_	QUANT	TTY	Unit	Extended	Discount	Net Price
Item Number	lter	n Description	7	Shipped	υом	D. C. C.	Price	Allowance	(USD)
SA60AT.185	SA60AT.185 ACRYSOF SP F	OLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
	Serial Number: 12500257	7181 Consign Billing							
	Serial Number: 12570100	0082 Consign Replacement							
SA60AT.205	SA60AT.205 ACRYSOF SP F	OLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
	Serial Number: 1251138	1057 Consign Billing							
	Serial Number: 12510073	3139 Consign Replacement							
SA60AT.215	SA60AT.215 ACRYSOF SP F	OLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
	Serial Number: 12500328								
	Serial Number: 1257343	1038 Consign Replacement							
	ORDERED BY: Yatasha Musl	кin, 6626243453							
	PER MISSISSIPPI LAWS								
	ALL EXPIRED DRUGS FULL RETURNABLE UP TO 6 MON EXPIRATION FOR CREDIT C	ITHS PAST DATE OF	7						
		at the products purchased herein from <i>i</i> nited States Supreme court ruling of Abl						GROSS	327.0
Laboratories versus Po	rtland Retail Druggists Association.	Cash discounts are not applied to tax.	′ou m			F	REIGHT & HA	ANDLING FEE	30.0
		claims submitted to federal health care p	progra	ams.			ραν τ	HIS AMOUNT	357.0
Surgical: 1-800-862	e or Invoice questions, call: -5266, Vision Care: 1-800-24 htracts, Labor & Parts: 1-800-8			ON					
<b>A</b>									
T IMPORTANT	- DETACH HERE FOR PROPE	ER CREDIT					REMITTANCE		
-						BILL-TO	DATE		/OICE
					A	ACCOUNT	MO DAY	YR NU	MBER
					1	100145705	03/13/20	18 9653	3161371
						¶ NI		EFER TO TH	
	RETURN THIS SLIP WITH	YOUR REMITTANCE TO:						I	F PAYMENT
	Alega Laboratorias Inc							15	S RECEIVED
	Alcon Laboratories, Inc.	677775							( 04/12/2018
	Dallas PNC Bank/Lockbox								PAY : 357.0
	Dallas PNC Bank/Lockbox P.O. Box 677775								/
	P.O. Box 677775							I	F PAYMENT
	P.O. Box 677775 Dallas TX  75267-7775		. – –					ا IS AFTER	F PAYMEN <sup>-</sup> 8 RECEIVEI 8 <b>04/12/201</b> 8
	P.O. Box 677775 Dallas TX 75267-7775	i96531613710000035 Slaim 19-1 Part 2 File				20000000 esc Attacr		ا IS AFTER	F PAYMEN S RECEIVE



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	<b>ATE</b>	INVOICE			
MO	DAY	YR	NUMBER			
03	6/16/201	8	9653192831			
TE	RMS F	ROM	INVOICE DATE			
		Net 30	) days			
	Alcon as PNC P.(	Labor Bank D. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775			
mustbe days of 12 mon	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.			

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid

ORDER NO. 1	101 <u>4</u> 695	118 Alcon Sale	es Order	PACKING SLIP NO. 15	1 <u>397</u> 457	70			cept for our errors g to Alcon's return	. All returns must b policy.	e shipped prepaid
P.O. NO.	749-66	91224	Т	Indicates Taxable Item	_	QUANT	ΊΤΥ	Unit	Extended	Discount	Net Price
Item Num	ber		Item	Description	•	Shipped	UOM	Price	Price	Allowance	(USD)
SA60AT.215		SA60AT.215 AC	RYSOF SP FC	LDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
		Serial Numb	oer: 125268080	71 Consign Billing							
				58 Consign Replacement							
SA60AT.210				LDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
				65 Consign Billing		4					
<b></b>				55 Consign Replacement			= .	400.00	400.00		400.0
SA60AT.230				LDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.00
				72 Consign Billing 61 Consign Replacement							
				<b>U</b>							
		ORDERED BY: Y	Yatasha Muski	n, 6626243453							
		PER MISSISSIPP									
		ALL EXPIRED DE		R PARTIAL ARE HS PAST DATE OF							
				REPLACEMENT							
					_						
The above prices	s may be l	based upon an und	erstanding that	the products purchased herein fro	m Alcon					I GROSS	327.00
Laboratories, Inc.	. will be fo	or "own use" as defi	ned in the Unit	ed States Supreme court ruling of	Abbott						
				Cash discounts are not applied to ta aims submitted to federal health ca				F	REIGHT & H	ANDLING FEE	30.00
0	•	or Invoice question							PAY T	HIS AMOUNT	357.00
		266, Vision Care:		5999, PAYMENT	IS DUE	ON					
Surgical Servic	e Contra	acts, Labor & Par	rts: 1-800-83	2-7827 04/15	/2018						
▲								-	EMITTANCE		
IMPORT.	ANT - D	ETACH HERE F	OR PROPER	R CREDIT							
								BILL-TO	DATE		VOICE
							/	ACCOUNT	MO DAY	YR NU	JMBER
							1	100145705	03/16/20	18 965	3192831
								<b>A</b>		EFER TO TH	
								I NU	JMBER WITI	H YOUR PA	MENT
		RETURN THIS	SLIP WITH	YOUR REMITTANCE TO:							IF PAYMENT
											S RECEIVED
		Alcon Laborato	,	2777 <i>6</i>							Y 04/15/2018
		Dallas PNC Ba P.O. Box 6777		0////5							PAY : <b>357.00</b>
		Dallas TX 752									IF PAYMENT
			-								S RECEIVED
										AFTE	R <b>04/15/2018</b>
				162374593700000							PAY : <b>357.00</b>
	Case	3:18-bk-05	678 C	aim 19-1 Part 2 Fil		1/16/19	De	esc Attacr	nment 1	Page 17	
Page 1 of 1				of	38						



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218

SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	ATE	INVOICE
MO	DAY	YR	NUMBER
04	/05/201	8	9653319706
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

Item Number	6706797	T Indicates Taxable Item -		QUANT	ITY	Unit	Extended	Discount	Net Price
item number		Item Description		Shipped	UОМ	Price	Price	Allowance	(USD)
065751196	INF ULTRAVIT 23GA A	NT VIT PAK		1	BOX	1,080.00	1,080.00	0.00	1,080.0
	1 BOX = 6 EA								
	ORDERED BY: Yatash	a Muskin, 6626243453							
boratories, Inc. will b boratories versus Po	RETURNABLE UP TO ( EXPIRATION FOR CRE	S FULL OR PARTIAL ARE MONTHS PAST DATE OF DIT OR REPLACEMENT	Abbott x. You m				PAY T	GROSS THIS AMOUNT	1,080.0
	e or Invoice questions, c -5266, Vision Care: 1-8			011					
	ntracts, Labor & Parts: 1-								
urgical Service Co	ntracts, Labor & Parts: 1-	800-832-7827 05/05					REMITTANCE		
urgical Service Co		800-832-7827 05/05				BILL-TO	DATE	IN	VOICE
urgical Service Co		800-832-7827 05/05						IN	√OICE IMBER
Surgical Service Co		800-832-7827 05/05			A	BILL-TO	DATE	IN YR NU	
Surgical Service Co		800-832-7827 05/05			A	BILL-TO CCOUNT 00145705	DATE MO DAY 04/05/20	IN YR NU	MBER 3319706
urgical Service Co	DETACH HERE FOR P	800-832-7827 05/05			A	BILL-TO CCOUNT 00145705	DATE MO DAY 04/05/20	IN YR 18 9653 REFER TO TH H YOUR PAN	IMBER 3319706 IIS YMENT
Surgical Service Co	DETACH HERE FOR P	800-832-7827 05/05 ROPER CREDIT WITH YOUR REMITTANCE TO: nc.			A	BILL-TO CCOUNT 00145705	DATE MO DAY 04/05/20	IN YR 18 9653 EFFER TO TH H YOUR PAN	MBER 3319706



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	<b>ATE</b>	INVOICE
MO	DAY	YR	NUMBER
05	5/03/201	8	9653501913
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.(	Labor Bank D. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
mustbe days of 12 mon	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-67	25634	Т	Indicates Taxable Item		QUANT	ITY	Unit	Extended	Discount	Net Price
Item Nur	nber		Item	Description	•	Shipped	υом	Price	Price	Allowance	(USD)
17053		EXPRESS FILTRA				1	EA	995.00	995.00	0.00	995.0
		ORDERED BY: Ya	atasha Muskii	ח, 6626243453							
			lemorial Day LAWS UGS FULL O TO 6 MONT	R PARTIAL ARE HS PAST DATE OF							
		EXPIRATION FOR	CREDIT OR	REPLACEMENT							
The above price	as may be										
aboratories, In	c. will be fo	or "own use" as define	ed in the Unit	the products purchased herein ed States Supreme court ruling o	of Abbott	•				GROSS	
Laboratories, In Laboratories ve an obligation to For Customer Surgical: 1-80	c. will be for rsus Portla report thes Service of 00-862-52	or "own use" as define nd Retail Druggists A	ed in the Unit ssociation. C reports or cla ns, call: 1-800-241-	ed States Supreme court ruling of ash discounts are not applied to aims submitted to federal health 5999, PAYMEN	of Abbott tax. You m	ims.			PAY T	GROSS THIS AMOUNT	
Laboratories, In Laboratories ve an obligation to For Customer Surgical: 1-8 Surgical Serv	ic. will be for rsus Portla report thes Service of 00-862-52 ice Contra	or "own use" as define nd Retail Druggists A se purchases on cost or Invoice question 266, Vision Care:	ed in the Unit ssociation. C reports or cla ns, call: 1-800-241- s: 1-800-83	ed States Supreme court ruling of ash discounts are not applied to aims submitted to federal health 5999, PAYMEN 2-7827 06/	of Abbott tax. You m care progra	ims.		F BILL-TO CCOUNT	PAY T REMITTANCE DATE MO DAY	HIS AMOUNT ADVICE	
Laboratories, In Laboratories ve an obligation to For Customer Surgical: 1-8 Surgical Serv	ic. will be for rsus Portla report thes Service of 00-862-52 ice Contra	or "own use" as define nd Retail Druggists A se purchases on cost or Invoice question 266, Vision Care: acts, Labor & Parts	ed in the Unit ssociation. C reports or cla ns, call: 1-800-241- s: 1-800-83	ed States Supreme court ruling of ash discounts are not applied to aims submitted to federal health 5999, PAYMEN 2-7827 06/	of Abbott tax. You m care progra	ims.	A	BILL-TO		ADVICE	
Laboratories, In Laboratories ve an obligation to For Customer Surgical: 1-8 Surgical Serv	ic. will be for rsus Portla report thes Service of 00-862-52 ice Contra	or "own use" as define nd Retail Druggists A se purchases on cost or Invoice question 266, Vision Care: acts, Labor & Parts	ed in the Unit ssociation. C reports or cla ns, call: 1-800-241- s: 1-800-83	ed States Supreme court ruling of ash discounts are not applied to aims submitted to federal health 5999, PAYMEN 2-7827 06/	of Abbott tax. You m care progra	ims.	A	BILL-TO CCOUNT 00145705	REMITTANCE DATE MO DAY 05/03/20 PLEASE R	ADVICE	995.( VOICE IMBER 3501913 <b>IIS</b>
Laboratories, In Laboratories ve an obligation to For Customer Surgical: 1-8 Surgical Serv	ic. will be for rsus Portla report thes Service of 00-862-52 ice Contra	or "own use" as define nd Retail Druggists A se purchases on cost or Invoice question 266, Vision Care: acts, Labor & Parts	ed in the Unit ssociation. C reports or cla ns, call: 1-800-241- s: 1-800-83	ed States Supreme court ruling of ash discounts are not applied to aims submitted to federal health 5999, PAYMEN 2-7827 06/	of Abbott tax. You m care progra	ims.	A	BILL-TO CCOUNT 00145705	REMITTANCE DATE MO DAY 05/03/20 PLEASE R	ADVICE IN YR NU 18 9653 REFER TO TH H YOUR PAY	995.0 VOICE IMBER 3501913 IIS IMENT F PAYMEN
aboratories, In aboratories ve in obligation to For Customer Surgical: 1-8 Surgical Serv	ic. will be for rsus Portla report thes Service of 00-862-52 ice Contra	or "own use" as define nd Retail Druggists A se purchases on cost or Invoice question 266, Vision Care: acts, Labor & Parts DETACH HERE FO RETURN THIS S Alcon Laboratorie Dallas PNC Bank	ed in the Unit ssociation. C reports or cla is, call: 1-800-241- s: 1-800-83 DR PROPEF SLIP WITH es, Inc. k/Lockbox 6	ed States Supreme court ruling of ash discounts are not applied to aims submitted to federal health 5999, PAYMEN 2-7827 06/ R CREDIT	of Abbott tax. You m care progra	ims.	A	BILL-TO CCOUNT 00145705	REMITTANCE DATE MO DAY 05/03/20 PLEASE R	ADVICE ADVICE YR NU 18 9653 REFER TO TH H YOUR PAY	995.0 VOICE IMBER 3501913 IIS IMENT
aboratories, In aboratories ve in obligation to For Customer Surgical: 1-8 Surgical Serv	ic. will be for rsus Portla report thes Service of 00-862-52 ice Contra	or "own use" as define nd Retail Druggists A se purchases on cost or Invoice question 266, Vision Care: acts, Labor & Parts DETACH HERE FO RETURN THIS S Alcon Laboratorie	ed in the Unit ssociation. C reports or cla ls, call: 1-800-241- s: 1-800-83 DR PROPER SLIP WITH es, Inc. k/Lockbox 6 5	ed States Supreme court ruling of ash discounts are not applied to aims submitted to federal health 5999, PAYMEN 2-7827 06/ R CREDIT	of Abbott tax. You m care progra	ims.	A	BILL-TO CCOUNT 00145705	REMITTANCE DATE MO DAY 05/03/20 PLEASE R	HIS AMOUNT	995.1 VOICE IMBER 3501913 IIS IMENT F PAYMEN S RECEIVE Y 06/02/201



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

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NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	ATE	INVOICE
MO	DAY	YR	NUMBER
05	5/23/201	8	9653625193
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
mustbe days of 12 mon	made to A invoice da	Alcon La ate. All	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

	749-07	39306	Т	Indicates Taxal	ole Item	4	QUANT	ΊΤΥ	Unit	Extended	Discount	Net Price
Item Nu	mber		Item	Description		•	Shipped	UОМ	Price	Price	Allowance	(USD)
3065993047		CLEARCUT SLIT	FULL HAND	_E3.0MM ANG DU	JAL	Π	4	BOX	96.00	384.00	0.00	384.0
		1 BOX = 6 EA						DOV				
065420220				TIPANT CHAMBE	:R		1	BOX	32.50	32.50	0.00	32.5
		1 BOX = 10 EA										
		ORDERED BY: Y										
		Alcon will be close In observance of M	Memorial Day	ay 28 2018								
		PER MISSISSIPP ALL EXPIRED DR RETURNABLE UF EXPIRATION FOR	RUGS FULL C P TO 6 MONT	HS PAST DATE (								
					$\mathbf{O}$							
				_								
					chased herein from Ald						GROSS	416.5
aboratories, Ir aboratories ve an obligation to For Customer	nc. will be f rsus Portla report the r Service	or "own use" as defir and Retail Druggists se purchases on cos or Invoice questio	ned in the Unit Association. ( st reports or cl ons, call:	ted States Suprem Cash discounts are aims submitted to	e court ruling of Abbo not applied to tax. Yo federal health care pro	tt u ma ogran	ns.			PAY T	GROSS HIS AMOUNT	
aboratories, Ir aboratories ve an obligation to For Customer Surgical: 1-8	nc. will be f rsus Portla report the r Service 00-862-5	or "own use" as defir and Retail Druggists se purchases on cos	ned in the Unit Association. ( st reports or cl ons, call: 1-800-241-	ed States Suprem Cash discounts are aims submitted to -5999,	e court ruling of Abbo not applied to tax. Yo	tt u ma ogran UE (	ns.			PAY T		
Laboratories, Ir Laboratories ve an obligation to For Customer Surgical: 1-8 Surgical Serv	nc. will be f prsus Portla report the r Service 00-862-5 ice Contr	or "own use" as defir and Retail Druggists / se purchases on cos or Invoice questio 266, Vision Care: acts, Labor & Parl	ned in the Uni Association. ( st reports or cl ons, call: 1-800-241 ts: 1-800-83	ted States Suprem Cash discounts are aims submitted to 5999, 32-7827	e court ruling of Abbo not applied to tax. Yo federal health care pro PAYMENT IS D	tt u ma ogran UE (	ns.		R	PAY T	HIS AMOUNT	
aboratories, Ir aboratories ve n obligation to for Customer Surgical: 1-8 Surgical Serv	nc. will be f prsus Portla report the r Service 00-862-5 ice Contr	or "own use" as defir and Retail Druggists se purchases on cos or Invoice questio 266, Vision Care:	ned in the Uni Association. ( st reports or cl ons, call: 1-800-241 ts: 1-800-83	ted States Suprem Cash discounts are aims submitted to 5999, 32-7827	e court ruling of Abbo not applied to tax. Yo federal health care pro PAYMENT IS D	tt u ma ogran UE (	ns.			EMITTANCE	HIS AMOUNT	416.5
aboratories, Ir aboratories ve in obligation to For Customer Surgical: 1-8 Surgical Serv	nc. will be f prsus Portla report the r Service 00-862-5 ice Contr	or "own use" as defir and Retail Druggists / se purchases on cos or Invoice questio 266, Vision Care: acts, Labor & Parl	ned in the Uni Association. ( st reports or cl ons, call: 1-800-241 ts: 1-800-83	ted States Suprem Cash discounts are aims submitted to 5999, 32-7827	e court ruling of Abbo not applied to tax. Yo federal health care pro PAYMENT IS D	tt u ma ogran UE (	ns.		R BILL-TO CCOUNT	EMITTANCE	HIS AMOUNT	
aboratories, Ir aboratories ve n obligation to for Customer Surgical: 1-8 Surgical Serv	nc. will be f prsus Portla report the r Service 00-862-5 ice Contr	or "own use" as defir and Retail Druggists / se purchases on cos or Invoice questio 266, Vision Care: acts, Labor & Parl	ned in the Uni Association. ( st reports or cl ons, call: 1-800-241 ts: 1-800-83	ted States Suprem Cash discounts are aims submitted to 5999, 32-7827	e court ruling of Abbo not applied to tax. Yo federal health care pro PAYMENT IS D	tt u ma ogran UE (	ns.	Α	BILL-TO CCOUNT	EMITTANCE DATE MO DAY	HIS AMOUNT	416.5 /OICE MBER
Laboratories, Ir Laboratories ve an obligation to For Customer Surgical: 1-8 Surgical Serv	nc. will be f prsus Portla report the r Service 00-862-5 ice Contr	or "own use" as defir and Retail Druggists / se purchases on cos or Invoice questio 266, Vision Care: acts, Labor & Parl	ned in the Uni Association. ( st reports or cl ons, call: 1-800-241 ts: 1-800-83	ted States Suprem Cash discounts are aims submitted to 5999, 32-7827	e court ruling of Abbo not applied to tax. Yo federal health care pro PAYMENT IS D	tt u ma ogran UE (	ns.	Α	BILL-TO	EMITTANCE DATE MO DAY 05/23/20	HIS AMOUNT ADVICE YR NU 18 9653	MBER 8625193
Laboratories, Ir Laboratories ve an obligation to For Customer Surgical: 1-8 Surgical Serv	nc. will be f prsus Portla report the r Service 00-862-5 ice Contr	or "own use" as defir and Retail Druggists / se purchases on cos or Invoice questio 266, Vision Care: acts, Labor & Parl	ned in the Uni Association. ( st reports or cl ons, call: 1-800-241 ts: 1-800-83	ted States Suprem Cash discounts are aims submitted to 5999, 32-7827	e court ruling of Abbo not applied to tax. Yo federal health care pro PAYMENT IS D	tt u ma ogran UE (	ns.	Α	BILL-TO CCOUNT 00145705	EMITTANCE DATE MO DAY 05/23/20 PLEASE R	HIS AMOUNT	416.5 /OICE MBER 3625193
aboratories, Ir aboratories ve in obligation to For Customer Surgical: 1-8 Surgical Serv	nc. will be f prsus Portla report the r Service 00-862-5 ice Contr	or "own use" as defir and Retail Druggists / se purchases on cos or Invoice questio 266, Vision Care: acts, Labor & Parl	ned in the Unit Association. ( st reports or cl ons, call: 1-800-241- ts: 1-800-83	ed States Suprem Cash discounts are aims submitted to 5999, 92-7827 R CREDIT	e court ruling of Abbo not applied to tax. Yo federal health care pro PAYMENT IS D 06/22/201	tt u ma ogran UE (	ns.	Α	BILL-TO CCOUNT 00145705	EMITTANCE DATE MO DAY 05/23/20 PLEASE R	HIS AMOUNT ADVICE YR NU 18 9653 EFER TO TH 1 YOUR PAY	416.5 /OICE MBER 3625193 IIS MENT F PAYMENT
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218

SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	<b>ATE</b>	INVOICE
MO	DAY	YR	NUMBER
05	/30/201	8	9653656349
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	UI MAY	BILLING	T Indicates Taxable Item -		QUANT	ΊΤΥ	Unit	Extended	Discount	Net Price
Item Num	ber		Item Description		Shipped	υом	Price	Price	Allowance	(USD)
A60AT.185		SA60AT.185 ACR	YSOF SP FOLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.00
		Serial Number	r: 21145905064 Consign Bill-only							
		Customer refe	erence: 12/12/2017 VICTOR G PANG							
		ORDERED BY: IN	IPLANT BILLING							
			REPORTED AS IMPLANT		-					
			RDER HAS BEEN RECEIVED							
		BILLING PO IS UI - IMPLANT DATE &	+ CURRENT MONTH + BILLING. IMPLANTING PHYSICIAN NAME ARE							
		REFERENCED. PER MISSISSIPPI	LAWS							
		RETURNABLE UP	JGS FULL OR PARTIAL ARE TO 6 MONTHS PAST DATE OF							
		EXPIRATION FOR	CREDIT OR REPLACEMENT							
ne above price:	s may be b	ased upon an under	standing that the products purchased herein fro	om Alcon					00000	400.0
aboratories, Inc	. will be fo	r "own use" as define	ed in the United States Supreme court ruling of						GROSS	109.0
	sus Portlar	d Retail Druggists A			av have					100.0
			ssociation. Cash discounts are not applied to ta reports or claims submitted to federal health ca	ax. You m				PAY T	HIS AMOUNT	109.00
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	ATE	INVOICE
MO	DAY	YR	NUMBER
07	/10/201	8	9653891314
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: 'atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

		5566	T Indicates Taxable	Item		QUANT	ITY	Unit	Extended	Discount	Net Price
Item Nu	mber		Item Description		<b>'</b>  s	Shipped	UOM	Price	Price	Allowance	(USD)
AS6544-25		CATARACT NW MISS RE	EG MED CTR			10	CV	526.14	5,261.40	0.00	5,261.
		1 CV = 2 EA									
6544-14		CATARACT NW MISS RE	EG MED CTR			20	EA				
806597775	58	MONARCH II (B) CARTR	IDGES SGL USE			20	EA				
806574108	35	ULTRASOUND FMS 0.9N	1M ABS 30RPAK			20	EA				
006508005	50	BSS PLUS 500ML KIT GL	ASS-USA			20	EA				
006507951	15	BSS 15ML-USA				40	EA				
006507411	14	TETRACAINE HCL 0.5%	4ML SOLN -USA			20	EA				
006500231	15	MIOSTAT 0.01% 1.5ML II	NTRAOCULAR SOL -USA			20	EA				
806518313	35	DUOVISC (0.40PRO/0.35	VIS) OPH VISC SYST			20	EA				
		ORDERED BY: Yatasha	/luskin, 6626243453								
		PER MISSISSIPPI LAWS									
		ALL EXPIRED DRUGS FU									
		RETURNABLE UP TO 6 M EXPIRATION FOR CRED									
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Surgical: 1-8	00-862-52	66, Vision Care: 1-800	-241-5999,	PAYMENT IS DUE							
Surgical: 1-8 Surgical Serv	00-862-52 vice Contra	66, Vision Care: 1-800	241-5999, 00-832-7827	PAYMENT IS DUE					REMITTANCE		
Surgical: 1-8 Surgical Serv	00-862-52 vice Contra	66, Vision Care: 1-800 cts, Labor & Parts: 1-8(	241-5999, 00-832-7827	PAYMENT IS DUE				F BILL-TO		ADVICE	
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Page 1 of 1



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	<b>ATE</b>	INVOICE
MO	DAY	YR	NUMBER
08	/15/201	8	9654117426
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-67	86719		T Indicates Taxable Item	<b>+</b>	QUANT	-	Unit	Extended	Discount	Net Price
Item Num	nber		lter	n Description	•	Shipped	UOM	Price	Price	Allowance	(USD)
<b>\\$6544-25</b>		CATARACT NW	MISS REG N	MED CTR		3	CV	526.14	1,578.42	0.00	1,578.4
		1 CV = 2 EA									
6544-14		CATARACT NW I	MISS REG N	MED CTR		6	EA				
8065977758	3	MONARCH II (B)	CARTRIDG	ES SGL USE		6	EA				
8065741085	5	ULTRASOUND F	MS 0.9MM /	ABS 30RPAK		6					
0065080050	)	BSS PLUS 500MI	L KIT GLAS	S-USA		6					
0065079515	5	BSS 15ML-USA				12					
0065074114		TETRACAINE HC				6					
0065002315	5			AOCULAR SOL -USA		6					
8065183135	5	DUOVISC (0.40P	RO/0.35VIS	) OPH VISC SYST		6	EA				
		ORDERED BY: Y	′atasha Musl	kin, 6626243453							
				September 3, 2018							
		In observance of L PER MISSISSIPP									
				OR PARTIAL ARE							
		RETURNABLE UF	P TO 6 MON	ITHS PAST DATE OF							
		EXPIRATION FOR	R CREDIT C	R REPLACEMENT							
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Page 1 of 1



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	ATE	INVOICE
MO	DAY	YR	NUMBER
08	/27/201	8	9654187872
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: 'atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

		0941 Alcon Sales Order	PACKING SLIP NO. 151	144140	6,170023	//68	and according			
P.O. NO.	749-67	793136	T Indicates Taxable Item -	_ <b>`</b>	QUAN	-	Unit	Extended	Discount	Net Price
Item Nur	mber	ľ	tem Description	'	Shipped	UOM	Price	Price	Allowance	(USD)
AS6544-25		CATARACT NW MISS RE	G MED CTR		3	CV	526.14	1,578.42	0.00	1,578.4
		1 CV = 2 EA								
6544-14		CATARACT NW MISS RE	G MED CTR		6	EA				
806597775	8	MONARCH II (B) CARTRII	DGES SGL USE		6	EA				
806574108	5	ULTRASOUND FMS 0.9M	M ABS 30RPAK		6	EA				
006508005	0	BSS PLUS 500ML KIT GL	ASS-USA		6	EA				
006507951	5	BSS 15ML-USA			12	EA				
006507411	4	TETRACAINE HCL 0.5% 4	ML SOLN -USA		6	EA				
006500231	5	MIOSTAT 0.01% 1.5ML IN	TRAOCULAR SOL -USA		6	EA				
806518313	5	DUOVISC (0.40PRO/0.35)	/IS) OPH VISC SYST		6	EA				
		ORDERED BY: Yatasha M	uskin, 6626243453							
		Alcon will be closed Monda	v. September 3. 2018							
		In observance of Labor Day								
		PER MISSISSIPPI LAWS								
		ALL EXPIRED DRUGS FU RETURNABLE UP TO 6 M								
		EXPIRATION FOR CREDI								
The above price	es may be	based upon an understanding								
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	ATE 🛛	INVOICE
МО	DAY	YR	NUMBER
08	/23/201	8	9654163542
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.(	Labor Bank D. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
mustbe days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO.	1017778	3503 Alcon Sales Ord	er PACKING SLIP NO. 151	735916	66		and accordin	g to Alcon's return	policy.	
P.O. NO.		91059	T Indicates Taxable Item -		QUANT	TITY	Unit	Extended	Discount	Net Price
Item Nu	mber		Item Description	•	Shipped	иои	Price	Price	Allowance	(USD)
SA60AT.185		SA60AT.185 ACRYSOF	SP FOLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109.0
			26580108 Direct Purchase							
SA60AT.230			SP FOLDABLE 6.0 OPTIC		2	EA	109.00	218.00	0.00	218.0
			27986011 Direct Purchase 27986012 Direct Purchase							
		ORDERED BY: Yatasha	Muskin, 6626243453							
			Day S							
The above price	es may be	based upon an understang	ing that the products purchased herein from	n Alcon					GROSS	327.0
Laboratories, Ir	nc. will be rsus Portl	or "own use" as defined in and Retail Druggists Associ	he United States Supreme court ruling of A ation. Cash discounts are not applied to tax	bbott	av have				ANDLING FEE	
an obligation to	report the	se purchases on cost repo	ts or claims submitted to federal health car	e progra	ams.		г			
Surgical: 1-8	00-862-5	or Invoice questions, ca 266, Vision Care: 1-80 acts, Labor & Parts: 1-	0-241-5999, PAYMENT		ON			PATI	'HIS AMOUNT	342.0
								REMITTANCE	ADVICE	
I IMPOR	(TANT - I	DETACH HERE FOR PI	OPER CREDIT				BILL-TO	DATE		VOICE
							ACCOUNT	MO DAY	1	JMBER
							100145705	08/23/20		4163542
							<b>†</b> лі		EFER TO TH H YOUR PAY	
		RETURN THIS SLIP	WITH YOUR REMITTANCE TO:							IF PAYMENT
		Alcon Laboratories, Ir Dallas PNC Bank/Loc P.O. Box 677775							B	S RECEIVED Y <b>09/22/2018</b> PAY : <b>342.00</b>
		Dallas TX 75267-777	5						15	IF PAYMENT S RECEIVED
			705965416354200003				20000000	סכ		R <b>09/22/201</b> 8 Pay : <b>342.0</b> 0
Page 1 of 1	Case	e 3:18-bk-05678	Claim 19-1 Part 2 File		1/16/19	D	esc Attach	nment 1	Page 25	



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218

SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	ΑTE	INVOICE
МО	DAY	YR	NUMBER
08	/20/201	8	9654142722
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
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mustbe days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-67	89293	T Indicates Taxable Item		QUANT	ΓITY	Unit	Extended	Discount	Net Price
Item Nun	nber		Item Description		Shipped	UОМ	Price	Price	Allowance	(USD)
3065993047		CLEARCUT SLIT F	ULL HANDLE3.0MM ANG DUAL		3	BOX	96.00	288.00	0.00	288.0
		1 BOX = 6 EA								
		ORDERED BY: Yata	asha Muskin, 6626243453							
			Monday, September 3, 2018							
		In observance of Lat PER MISSISSIPPI L								
			GS FULL OR PARTIAL ARE	_						
			CREDIT OR REPLACEMENT							
Cha ala avea muina										
			tanding that the products purchased herein fi						GROSS	288.0
Laboratories, In Laboratories ver	c. will be fo rsus Portla	or "own use" as defined nd Retail Druggists As	d in the United States Supreme court ruling o sociation. Cash discounts are not applied to	Abbott ax. You m	iay have			PAY T	GROSS HIS AMOUNT	
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	<b>ATE</b>	INVOICE
MO	DAY	YR	NUMBER
07	/25/201	8	9653994295
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
must be days of 12 mont	made to A invoice da	Alcon La ate. All	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-67	75276	T Indicates Taxable Item		QUANT	ΊΤΥ	Unit	Extended	Discount	Net Price
Item Nun	nber		Item Description		Shipped	υом	Price	Price	Allowance	(USD)
3065993047		CLEARCUT SLIT FULL	HANDLE3.0MM ANG DUAL		3	BOX	96.00	288.00	0.00	288.0
		1 BOX = 6 EA								
		ORDERED BY: Yatasha	a Muskin, 6626243453							
		RETURNABLE UP TO 6	/S FULL OR PARTIAL ARE 8 MONTHS PAST DATE OF EDIT OR REPLACEMENT		1					
The choice price										
			ding that the products purchased herein from						GROSS	288.0
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	<b>ATE</b>	INVOICE
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06	5/27/201	8	9653822598
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		Net 30	) days
	Alcon as PNC P.(	Labor Bank D. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 < 677775 75267-7775
mustbe days of 12 mon	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-67	0064 Alcon Sales 759644	T Indicates Taxable Ite	P NO. 151616840	QUANT	TTY	Unit	Extended	Discount	Net Price
Item Nur			Item Description	····	Shipped		Price	Price	Allowance	(USD)
8065103120		EYE-PAK DRAPE	BLUE NW FABRICAPERTURE FB		1	BOX	90.20	90.20	0.00	90.2
		1 BOX = 10 EA								
		ORDERED BY: Ya	tasha Muskin, 6626243453							
		Alcon will be closed	Wednesday, July 4 2018							
		In observance of Ine PER MISSISSIPPI								
		ALL EXPIRED DRU	JGS FULL OR PARTIAL ARE							
			TO 6 MONTHS PAST DATE OF CREDIT OR REPLACEMENT							
		based upon an under							0000	
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NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218

SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

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mustbe days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-675	55523	T Indicates Taxable Item	_	QUANT	ITY	Unit	Extended	Discount	Net Price
Item Nun	nber		Item Description	•	Shipped	UОМ	Price	Price	Allowance	(USD)
065112620			O-EMBOSSEDPLASTIC INC		1	BOX	51.00	51.00	0.00	51.0
		1 BOX = 20 EA								
		ORDERED BY: Yatasha	Muskin, 6626243453							
		Alcon will be closed Wedr In observance of Indepen	dence Day							
		PER MISSISSIPPI LAWS								
		RETURNABLE UP TO 6 I EXPIRATION FOR CRED	MONTHS PAST DATE OF							
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above price	es may be t	hasod upon an understandu								
			ng that the products purchased herein from						GROSS	51.0
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	ATE	INVOICE				
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Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

please call: 844-609-1283.

		5599 Alcon Sa		PACKING SLIP		89			and according to Alcon's return policy.			
P.O. NO.		738797		T Indicates Taxable Item		¥	QUANT		Unit	Extended	Discount	Net Price
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8065977758 MONARCH II (B) CARTRIDGES SGL USE						10	EA					
8065741085 ULTRASOUND FMS 0.9MM ABS 30RPAK						10	EA					
0065080050 BSS PLUS 500ML KIT GLASS-USA						10	EA					
0065079515 BSS 15ML-USA						20	EA					
006507411	4	TETRACAINE	HCL 0.5% 4M	L SOLN -USA			10	EA				
006500231	5	MIOSTAT 0.01	1.5ML INTF	RAOCULAR SOL -USA			10	EA				
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NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	ATE	INVOICE		
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Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO.	R NO. 1015822461 Alcon Sales Order PACKING SLIP NO. 1515205						and according to Alcon's return policy.			
P.O. NO.	749-67		T Indicates Taxable Item		QUANT	ITY	Unit	Extended	Discount	Net Price
Item Nur	nber		tem Description	•	Shipped	UОМ	Price	Price	Allowance	(USD)
SA60AT.225		SA60AT.225 ACRYSOF S	P FOLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109
		Serial Number: 12590	461028 Direct Purchase							
SA60AT.185	0AT.185 SA60AT.185 ACRYSOF SP FOLDABLE 6.0 OPTIC				1	EA	109.00	109.00	0.00	109
	Serial Number: 12600102059 Direct Purchase									
SA60AT.220		SA60AT.220 ACRYSOF S	P FOLDABLE 6.0 OPTIC		1	EA	109.00	109.00	0.00	109
		Serial Number: 12598	296038 Direct Purchase							
SA60AT.260		SA60AT.260 ACRYSOF S			1	EA	109.00	109.00	0.00	109
			354021 Direct Purchase							
900121618		FREIGHT SURGICAL			1	EA	0.00	0.00	0.00	0
		ORDERED BY: Yatasha M	luskin, 6626243453							
		Alcon will be closed Monda In observance of Memorial PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FU RETURNABLE UP TO 6 M EXPIRATION FOR CREDI	Day LL OR PARTIAL ARE ONTHS PAST DATE OF	2						
The above price	es may be	based upon an understandini	g that the products purchased h	erein from Alcon					00000	120
aboratories, In	c. will be f	or "own use" as defined in the	United States Supreme court r	uling of Abbott	av have			FREIGHT & HA		
			or claims submitted to federal h				Г			
Surgical: 1-8	00-862-5	or Invoice questions, call: 266, Vision Care: 1-800- acts, Labor & Parts: 1-80	241-5999, PAY 0-832-7827	MENT IS DUE 06/14/2018	ON			PATI	'HIS AMOUNT	451.
<b>A</b>								REMITTANCE		
T IMPOR	TANT - [	DETACH HERE FOR PRO	PER CREDIT				BILL-TO	DATE		VOICE
							ACCOUNT	MO DAY	1	JMBER
							100145705	05/15/20		3564127
							Т NL	JMBER WIT	EFER TO TH	
		RETURN THIS SLIP W	ITH YOUR REMITTANCE 1	Г <b>О</b> :						
		Alcon Laboratories, Inc Dallas PNC Bank/Lockl P.O. Box 677775							B	S RECEIVE Y <b>06/14/20</b> PAY : <b>451.</b>
		Dallas TX 75267-7775							15	IF PAYMEI S Receive R <b>06/14/20</b>
			]5965356412700							PAY : <b>451.</b>
Page 1 of 1	Case	e 3:18-bk-05678	Claim 19-1 Part 2	Filed 02 of 38	1/16/19	De	esc Attach	nment 1	Page 31	



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVOICE DATE			INVOICE
MO	DAY	YR	NUMBER
04	/12/201	8	9653364318
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: atories, Inc. /Lockbox 677775 c 677775 75267-7775
mustbe days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment,

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

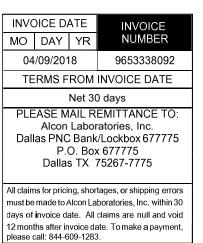
ORDER NO.	DER NO. 1015213919 Alcon Sales Order PACKING SLIP NO. 15145409					27		and according to Alcon's return policy.			
P.O. NO.	749-67		T Indicates Ta			QUANT	ITY	Unit	Extended Price	Discount Allowance	Net Price (USD)
Item Nu	mber		Item Description			Shipped	UОМ	Price			
8065993047		CLEARCUT SLIT F	FULL HANDLE3.0MM ANG	DUAL		3	BOX	96.00	288.00	0.00	288.
		1 BOX = 6 EA									
8065420220		IRRIGATING 25G		2	BOX	32.50	65.00	0.00	65.		
		1 BOX = 10 EA									
		ORDERED BY: Yatasha Muskin, 6626243453									
		RETURNABLE UP	LAWS JGS FULL OR PARTIAL A TO 6 MONTHS PAST DAT CREDIT OR REPLACEME	E OF							
				0							
		based upon an under	standing that the products	aucharad brain from Al							
aboratories ve n obligation to or Custome	ersus Portla report the r Service	and Retail Druggists As se purchases on cost or Invoice question		are not applied to tax. Yo I to federal health care pro	ou m ogra	ms.			ΡΑΥ Τ	GROSS HIS AMOUNT	
		266, Vision Care: acts, Labor & Parts	1-800-241-5999, :: 1-800-832-7827	PAYMENT IS D 05/12/201		ON					
<b>A</b>									REMITTANCE		
IMPOR	RTANT - E	DETACH HERE FO	R PROPER CREDIT								
								BILL-TO ACCOUNT	DATE		VOICE JMBER
									MO DAY		
								100145705	04/12/20	18 9653	3364318
								<b>∱</b> NU	PLEASE R JMBER WITH	EFER TO TH	
		RETURN THIS S	SLIP WITH YOUR REM	TTANCE TO:				•		I	IF PAYMEN
		Alcon Laboratorie Dallas PNC Bank P.O. Box 677775	k/Lockbox 677775							B	S RECEIVE Y <b>05/12/20</b> PAY : <b>353.</b> (
			P.O. Box 677775 Dallas TX 75267-7775							15	IF PAYMEN S RECEIVE
		<u> </u>	457059653364	31,800000353	30	וחחחח	1353	3000000	חו		R <b>05/12/20</b> ° Pay : <b>353.</b> 0
	( 200		78 Claim 19-1							Page 32	- AI . <b>333.</b>
age 1 of 1	Case	0.10-0K-000		of 38	01	110119	De	Jou Allau		r ay <del>c</del> 52	



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204



Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

ORDER NO.	1015138	38274 Alcon Sales Order PACKING SLIP NO. 1514457408,1700198354						g to 7 toon o rotam p		
P.O. NO.	749-67	708014	T Indicates Taxable Item -	<b>`</b>	QUANT	ITY	Unit	Extended	Discount	Net Price
Item Nun	nber	Ite	em Description		Shipped	UOM	Price	Price	Allowance	(USD)
AS6544-25		CATARACT NW MISS REG	MED CTR		10	CV	526.14	5,261.40	0.00	5,261.4
		1 CV = 2 EA								
6544-14		CATARACT NW MISS REG	MED CTR		20	EA				
8065977758 MONARCH II (B) CARTRIDGES SGL USE					20					
8065741085 ULTRASOUND FMS 0.9MM ABS 30RPAK					20 20					
0065080050 BSS PLUS 500ML KIT GLASS-USA										
006507951		BSS 15ML-USA			40					
006507411		TETRACAINE HCL 0.5% 4			20					
006500231		MIOSTAT 0.01% 1.5ML INT			20					
806518313	5	DUOVISC (0.40PRO/0.35V	S) OPH VISC SYST		20	EA				
		ORDERED BY: Yatasha Mu								
		PER MISSISSIPPI LAWS								
		ALL EXPIRED DRUGS FUL RETURNABLE UP TO 6 MC								
		EXPIRATION FOR CREDIT								
he above price										
Laboratories, In	c. will be f	for "own use" as defined in the	that the products purchased herein from Jnited States Supreme court ruling of A	bbott	•				GROSS	5,261.4
aboratories, In aboratories ver obligation to or Customer Surgical: 1-80	c. will be f rsus Portla report the Service 00-862-5	for "own use" as defined in the l and Retail Druggists Associatio	Jnited States Supreme court ruling of A n. Cash discounts are not applied to tax r claims submitted to federal health card 41-5999, PAYMENT I	bbott . You m e progra S DUE	ims.			ΡΑΥ Τ	GROSS HIS AMOUNT	-
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-8( Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the l and Retail Druggists Associatio ase purchases on cost reports o or Invoice questions, call: 5266, Vision Care: 1-800-2	Jnited States Supreme court ruling of A         Cash discounts are not applied to tax         r claims submitted to federal health care         41-5999,       PAYMENT I         -832-7827       05/09/	bbott . You m e progra S DUE	ims.			REMITTANCE	HIS AMOUNT	5,261.4
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-8( Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio ese purchases on cost reports o or Invoice questions, call: 5266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800	Jnited States Supreme court ruling of A         Cash discounts are not applied to tax         r claims submitted to federal health care         41-5999,       PAYMENT I         -832-7827       05/09/	bbott . You m e progra S DUE	ims.		BILL-TO	REMITTANCE DATE	HIS AMOUNT	5,261.4
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-8( Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio ese purchases on cost reports o or Invoice questions, call: 5266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800	Jnited States Supreme court ruling of A         Cash discounts are not applied to tax         r claims submitted to federal health care         41-5999,       PAYMENT I         -832-7827       05/09/	bbott . You m e progra S DUE	ims.	,		EMITTANCE DATE MO DAY	HIS AMOUNT	IMBER
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-8( Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio ese purchases on cost reports o or Invoice questions, call: 5266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800	Jnited States Supreme court ruling of A         Cash discounts are not applied to tax         r claims submitted to federal health care         41-5999,       PAYMENT I         -832-7827       05/09/	bbott . You m e progra S DUE	ims.		BILL-TO	REMITTANCE DATE	HIS AMOUNT	5,261.4
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-8( Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio ese purchases on cost reports o or Invoice questions, call: 5266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800	Jnited States Supreme court ruling of A         Cash discounts are not applied to tax         r claims submitted to federal health care         41-5999,       PAYMENT I         -832-7827       05/09/	bbott . You m e progra S DUE	ims.		BILL-TO ACCOUNT 100145705	EMITTANCE DATE MO DAY 04/09/20	HIS AMOUNT	5,261.4 VOICE IMBER 3338092
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-8( Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio see purchases on cost reports o or Invoice questions, call: 5266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800 DETACH HERE FOR PROF	Jnited States Supreme court ruling of A         Cash discounts are not applied to tax         r claims submitted to federal health care         41-5999,       PAYMENT I         -832-7827       05/09/	bbott . You m e progra S DUE	ims.		BILL-TO ACCOUNT 100145705	EMITTANCE DATE MO DAY 04/09/20	ADVICE IN YR NU 18 9653 EFER TO TH H YOUR PAY	5,261.4 VOICE IMBER 3338092
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-8( Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio see purchases on cost reports o or Invoice questions, call: 5266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800 DETACH HERE FOR PROF	Juited States Supreme court ruling of A 1. Cash discounts are not applied to tax r claims submitted to federal health card 41-5999, PAYMENT I -832-7827 05/09/ PER CREDIT	bbott . You m e progra S DUE	ims.		BILL-TO ACCOUNT 100145705	EMITTANCE DATE MO DAY 04/09/20	ADVICE	5,261.4 VOICE IMBER 3338092 IIS IMENT F PAYMEN S RECEIVE
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-80 Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio use purchases on cost reports of or Invoice questions, call: 266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800 DETACH HERE FOR PROF	United States Supreme court ruling of A n. Cash discounts are not applied to tax r claims submitted to federal health card 41-5999, PAYMENT I -832-7827 05/09/ PER CREDIT PER CREDIT TH YOUR REMITTANCE TO:	bbott . You m e progra S DUE	ims.		BILL-TO ACCOUNT 100145705	EMITTANCE DATE MO DAY 04/09/20	HIS AMOUNT	5,261.4 VOICE IMBER 3338092 IIS IMENT F PAYMEN S RECEIVE Y 05/09/201
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-80 Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio see purchases on cost reports o or Invoice questions, call: 5266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800 DETACH HERE FOR PROF	United States Supreme court ruling of A n. Cash discounts are not applied to tax r claims submitted to federal health card 41-5999, PAYMENT I -832-7827 05/09/ PER CREDIT PER CREDIT TH YOUR REMITTANCE TO:	bbott . You m e progra S DUE	ims.		BILL-TO ACCOUNT 100145705	EMITTANCE DATE MO DAY 04/09/20	HIS AMOUNT	5,261.4 VOICE IMBER 3338092 IIS IMENT F PAYMEN S RECEIVE Y 05/09/201
Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-80 Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio use purchases on cost reports of or Invoice questions, call: 266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800 DETACH HERE FOR PROF DETACH HERE FOR PROF Alcon Laboratories, Inc. Dallas PNC Bank/Lockbo	United States Supreme court ruling of A n. Cash discounts are not applied to tax r claims submitted to federal health card 41-5999, PAYMENT I -832-7827 05/09/ PER CREDIT PER CREDIT TH YOUR REMITTANCE TO:	bbott . You m e progra S DUE	ims.		BILL-TO ACCOUNT 100145705	EMITTANCE DATE MO DAY 04/09/20	HIS AMOUNT	5,261.4 VOICE IMBER 3338092 IIS IMENT F PAYMEN S RECEIVE Y 05/09/201 AY : 5,261.4
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Laboratories, In Laboratories ver an obligation to For Customer Surgical: 1-8( Surgical Servi	c. will be f rsus Portla report the Service 00-862-5 ice Contr	for "own use" as defined in the I and Retail Druggists Associatio ase purchases on cost reports of or Invoice questions, call: 5266, Vision Care: 1-800-2 racts, Labor & Parts: 1-800 DETACH HERE FOR PROF DETACH HERE FOR PROF Alcon Laboratories, Inc. Dallas PNC Bank/Lockbo P.O. Box 677775 Dallas TX 75267-7775	United States Supreme court ruling of A n. Cash discounts are not applied to tax r claims submitted to federal health card 41-5999, PAYMENT I -832-7827 05/09/ PER CREDIT PER CREDIT TH YOUR REMITTANCE TO:	bbott . You m e progra S DUE 2018	on		BILL-TO ACCOUNT 100145705	EMITTANCE DATE MO DAY 04/09/20 PLEASE R JMBER WITH	HIS AMOUNT	5,261.4 VOICE MBER 3338092 IIS YMENT F PAYMEN S RECEIVEI Y 05/09/201 AY : 5,261.4 F PAYMEN



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	4TE	INVOICE
МО	DAY	YR	NUMBER
03	/21/201	8	9653224273
TE	RMS F	ROM	INVOICE DATE
		Net 30	) days
	Alcon as PNC P.0	Labor Bank O. Boy	EMITTANCE TO: ratories, Inc. /Lockbox 677775 < 677775 75267-7775
			tages, or shipping errors boratories, Inc. within 30

must be made to Alcon Laboratories, Inc. within 30 days of invoice date. All claims are null and void 12 months after invoice date. To make a payment, please call: 844-609-1283.

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Item Number         Item Description         ✓         Shipped         UOM         Price         Shipped         UoM         Shipped         UoM         Price         Price <th>Alcon's return policy.</th> <th></th>	Alcon's return policy.	
Tutinder         Charlen Veschuption         Disrupte         Down           Sköbart.095         SA60AT.095 ACRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.090         SA60AT.090 ACRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.095         SA60AT.096 ACRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.095         SA60AT.095 ACRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.095         SA60AT.195 ACRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.195 AGRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.195 AGRYSOF SP FOLDABLE 6.0 OPTIC         Sa60AT.140 AGRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.140 AGRYSOF SP FOLDABLE 6.0 OPTIC         Sa60AT.140 AGRYSOF AP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.140 AGRYSOF SP FOLDABLE 6.0 OPTIC         Sa60AT.140 AGRYSOF SP FOLDABLE 6.0 OPTIC         1         1         1         1         1         1         1         1         1         1         1         1         1         1	extended Discount Price Allowance	Net Price (USD)
Serial Number: 12524557026 Direct Purchase       1       EA         SA60AT.090       SA60AT.090 ACRYSOF SP FOLDABLE 6.0 OPTIC       1       EA         Serial Number: 12561328012 Direct Purchase       1       EA       109.00         SA60AT.065       SA60AT.065 ACRYSOF SP FOLDABLE 6.0 OPTIC       1       EA       109.00         Serial Number: 12563282068 Direct Purchase       1       EA       109.00         SA60AT.065       SA60AT.190 SA60AT.116 ACRYSOF SP FOLDABLE 6.0 OPTIC       1       EA       109.00         Serial: 1252677052 Add to Consignment - 50.00       SA60AT.140 SA60AC.270 ARXPSOF SP FOLDABLE 6.0 OPTIC       Serial: 125777504 Add to Consignment - 50.00         Serial: 125777504 Add to Consignment - 50.00       Serial: 125777504 Add to Consignment - 50.00       Serial: 125777504 Add to Consignment - 50.00         MA60AC.110 MACROAC.110 ACRYSOF MP FOLDABLE 6.0 OPTIC       Serial: 125777504 Add to Consignment - 50.00       Serial: 125777504 Add to Consignment - 50.00         MA60AC.110 MACRYSOF SP FOLDABLE 6.0 OPTIC       Serial: 125777504 Add to Consignment - 50.00       Serial: 125777504 Add to Consignment - 50.00         Serial: 125777504 Add to Consignment - 50.00       Serial: 125777504 Add to Consignment - 50.00       Serial: 125777504 Add to Consignment - 50.00         Serial: 125777504 Add to Consignment - 50.00       Serial: 125777504 Add to Consignment - 50.00       Serial: 125777504 Add to Consignment - 50.00	Allowance	
SA60AT.090         SA60AT.090 ACRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.065         SA60AT.065 CRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.065         SA60AT.065 CRYSOF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.105         SA60AT.115 SA60AF SP FOLDABLE 6.0 OPTIC         1         EA         109.00         1           SA60AT.190 SA60AT.115 SA60AF SP FOLDABLE 6.0 OPTIC         Serial 125677052 Add to Consignment 10xentory:         SA60AT.190 SA60AC.270 MAROS PS FOLDABLE 6.0 OPTIC         1         EA         1         1         EA         1         1         EA         1         1         1         EA         1         1         1         EA         1         1         1         EA         1         1         EA         1         1         1         EA         1         1         1         1         1 <td< td=""><td>109.00 0.00</td><td>00 109</td></td<>	109.00 0.00	00 109
Serial Number: 12581328012 Direct Purchase     1     EA       SA60AT.065     SA60AT.065 ACRYSOF SP FOLDABLE 6.0 OPTIC     1     EA       Sa60AT.065     Serial Number: 12583952068 Direct Purchase     1     EA       The following IOLs are additions to your Alcon Consignment Inventory: SA60AT.115 SA60AT.115 AA60X9CF SP FOLDABLE 6.0 OPTIC     1     EA       Serial X12526770025 Add to Consignment - S0.00     SA60AT.190 SA60AT.190 ACRYSOF SP FOLDABLE 6.0 OPTIC     1       Serial 125727807 Add to Consignment - S0.00     SA60AT.190 SA60AT.140 ACRYSOF SP FOLDABLE 6.0 OPTIC       Serial 1257775007 Add to Consignment - S0.00     MA60AC.270 MA60AC.270 ACRYSOF MP FOLDABLE 6.0 OPTIC       Serial 1257775040 Add to Consignment - S0.00     MA60AC.170 MA60AC.170 ACRYSOF MP FOLDABLE 6.0 OPTIC       Serial 2257745080 Add to Consignment - S0.00     MA60AC.145 MA60AC.145 ACRYSOF MP FOLDABLE 6.0 OPTIC       Serial 2253814041 Add to Consignment - S0.00     SA60AT.135 SA60AT.275 ACRYSOF SP FOLDABLE 6.0 OPTIC       Serial 2253814041 Add to Consignment - S0.00     SA60AT.135 SA60AT.275 ACRYSOF SP FOLDABLE 6.0 OPTIC       Serial 2253814041 Add to Consignment - S0.00     SA60AT.135 SA60AT.275 ACRYSOF SP FOLDABLE 6.0 OPTIC       Serial 22543914047 Add to Consignment - S0.00     SA60AT.130 SA60AT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC       Serial 2254391402 Add to Consignment - S0.00     SA60AT.130 SA60AT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC       Serial 2254391402 Add to Consignment - S0.00     SA60AT.130 SA60AT.130 ACRYSOF SP FOLDABL		
SA60AT.065       SA60AT.065 ACRYSOF SP FOLDABLE 6.0 OPTIC       1       EA       109.00         Serial Number: 12683952068 Direct Purchase       1       EA       109.00         The following IOLs are additions to your Alcon Consignment Inventory: SA60AT.115 SA60AT.115 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1252877052 Add to Consignment - \$0.00       SA60AT.190 SA60AT.190 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 12574286014 Add to Consignment - \$0.00       SA60AT.140 SA60AT.140 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1257775004 Add to Consignment - \$0.00         Serial: 12557775004 Add to Consignment - \$0.00       MA60AC.170 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 12577045080 Add to Consignment - \$0.00         Serial: 12557775004 Add to Consignment - \$0.00       MA60AC.170 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 12577045080 Add to Consignment - \$0.00         Serial: 125771450480 Add to Consignment - \$0.00       SA60AT.135 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1253814081 Add to Consignment - \$0.00         Serial: 1253814081 Add to Consignment - \$0.00       SA60AT.135 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 12524577128 Add to Consignment - \$0.00         SA60AT.100 SA60AT.135 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 12524577128 Add to Consignment - \$0.00       SA60AT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 12524577128 Add to Consignment - \$0.00         SA60AT.100 SA60AT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1254577128 Add to Consignment - \$0.00       SA60AT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1254577128 Add to Consignment - \$0.00         Safad: 1.135 AGRAT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1254637748 Add to Consignmen	109.00 0.00	00 109
Serial Number: 12583952068 Direct Purchase         The following IOLs are additions to your Alcon Consignment Inventory:         SA60AT.115 SA60AT.115 ACRYSOF SP FOLDABLE 6.0 OPTIC         Serial: 12526270025 Add to Consignment - 50.00         SA60AT.100 SA60AT.100 ACRYSOF SP FOLDABLE 6.0 OPTIC         Serial: 12542872067 Add to Consignment - 50.00         SA60AT.101 SA60AT.104 ACRYSOF SP FOLDABLE 6.0 OPTIC         Serial: 1251334057 Add to Consignment - 50.00         MA60AC.270 MA60AC.270 ACRYSOF MP FOLDABLE 6.0 OPTIC         Serial: 12587775005 Add to Consignment - 50.00         MA60AC.170 MA60AC.170 ACRYSOF MP FOLDABLE 6.0 OPTIC         Serial: 125876980 Add to Consignment - 50.00         Serial: 12587712680 Add to Consignment - 50.00         Serial: 1258914081 Add to Consignment - 50.00         Sa60AT.135 ACRYSOF SP FOLDABLE 6.0 OPTIC         Serial: 1258914081 Add to Consignment - 50.00         Sa60AT.135 ACRYSOF SP FOLDABLE 6.0 OPTIC         Serial: 1258914081 Add to Consignment - 50.00         Sa60AT.135 ACRYSOF SP FOLDABLE 6.0 OPTIC         Serial: 1258277128 Add to Consignment - 50.00         Sa60AT.100 ACRYSOF SP FOLDABLE 6.0 OPTIC         Serial: 1258633047 Add to Consignment - 50.00         Serial: 1258633047 Add to Consignment - 50.00         MTA4U0.280 MTA4U0.280 PMMA SP 5.5 OPTIC 13.0 LENGTH         Serial: 1258633047 Add to Consignment - 50.00		
The following IOLs are additions to your Alcon Consignment Inventory: SABOAT 115 SABOAT 115 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 125/37/0502 Add to Consignment - \$0.00 SABOAT 140 SABOAT 190 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 125/3134057 Add to Consignment - \$0.00 MABOAC.270 MABOAC.270 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 125/3134057 Add to Consignment - \$0.00 MABOAC.270 MABOAC.270 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 125/377004 Add to Consignment - \$0.00 MABOAC.150 MABOAC.710 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 1257775004 Add to Consignment - \$0.00 MABOAC.150 MABOAC.710 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12577745080 Add to Consignment - \$0.00 MABOAC.150 MABOAC.710 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12577045080 Add to Consignment - \$0.00 MABOAC.150 MABOAC.150 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12577745080 Add to Consignment - \$0.00 MABOAC.150 MABOAC.150 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12511396120 Add to Consignment - \$0.00 SABOAT.130 SABOAT.750 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1254577128 Add to Consignment - \$0.00 SABOAT.130 SABOAT.153 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1254577128 Add to Consignment - \$0.00 SABOAT.130 SABOAT.153 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 1254577128 Add to Consignment - \$0.00 SABOAT.130 SABOAT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 12545707128 Add to Consignment - \$0.00 MTAUU.220 MTAUU.230 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 125405120 Add to Consignment - \$0.00 MTAUU.220 MTAUU.235 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1256230003 Add to Consignment - \$0.00 MTAUU.220 MTAUU.235 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1256230003 Add to Consignment - \$0.00 MTAUU.235 MTAUU.235 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1256230003 Add to Consignment - \$0.00 MTAUU.235 MTAUU.235 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12563703004 Add to Consignment - \$0.00 MTAUU.235 MTAUU.235 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1256303005 Add to Consignment - \$0.00 MTAUU.75 MTAUU.35 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1256303005 Add to Cons	109.00 0.00	00 109
SABOAT.115 SABOAT.115 ACRYSÓF SP FOLDABLÉ 6.0 OPTIC Serial: 1252670052 Add to Consignment - 80.00 SABOAT.140 SABOAT.140 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 12511334057 Add to Consignment - 80.00 MABOAC.270 MABOAC.270 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12557775004 Add to Consignment - 80.00 MABOAC.270 MABOAC.270 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12557775004 Add to Consignment - 80.00 MABOAC.170 MABOAC.170 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12565330055 Add to Consignment - 80.00 MABOAC.150 MABOAC.170 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12577045080 Add to Consignment - 80.00 MABOAC.150 MABOAC.170 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12577045080 Add to Consignment - 80.00 SABOAC.150 MABOAC.150 ACRYSOF MP FOLDABLE 6.0 OPTIC Serial: 12577128 Add to Consignment - 80.00 SABOAT.145 MABOAC.153 CONSIGNED - 80.00 SABOAT.135 SABOAT.3136 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 125245777128 Add to Consignment - 80.00 SABOAT.130 SABOAT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 125252053 Add to Consignment - 80.00 SABOAT.130 SABOAT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 125252053 Add to Consignment - 80.00 SABOAT.130 SABOAT.130 ACRYSOF SP FOLDABLE 6.0 OPTIC Serial: 125252053 Add to Consignment - 80.00 MTA4U0.290 MTA4U0.290 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12525204078 Add to Consignment - 80.00 MTA4U0.280 MTA4U0.280 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1255230307 Add to Consignment - 80.00 MTA4U0.280 MTA4U0.280 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1255230307 Add to Consignment - 80.00 MTA4U0.280 MTA4U0.280 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12553023080 Add to Consignment - 80.00 MTA4U0.280 MTA4U0.280 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 125537005 Add to Consignment - 80.00 MTA4U0.280 MTA4U0.280 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 125537005 Add to Consignment - 80.00 MTA4U0.275 MTA4U0.175 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1256378005 Add to Consignment - 80.00 MTA4U0.175 MTA4U0.175 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 1256393005 Add to Consignment - 80.00 MTA4U0.175 MTA4U0.175 PMMA SP 5.5 OPTIC 13		
MTA4U0.105 MTA4U0.105 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12552979074 Add to Consignment - \$0.00 MTA4U0.150 MTA4U0.150 PMMA SP 5.5 OPTIC 13.0 LENGTH		
Serial: 12558886032 Add to Consignment - \$0.00		
MTA4U0.150 MTA4U0.150 PMMA SP 5.5 OPTIC 13.0 LENGTH Serial: 12558886034 Add to Consignment - \$0.00		
MTA4U0.135 MTA4U0.135 PMMA SP 5.5 OPTIC 13.0 LENGTH		
Serial: 12550568003 Add to Consignment - \$0.00 <u>Case BM148UB185056#09135 CMBARP 15021TIP 374 12 NGTHiled 01/16/19</u> Desc Attachment	ent 1 Page 34	1



#### BILL TO: 100145705

NW MISSISSIPPI REG MED CT

Alcon Laborato	ries, Inc.
6201 South Fre	eway
Fort Worth TX	76134-2099 USA

	DATE		INVOICE				
MO	DAY	YR	NUMBER				
03	/21/201	8	9653224273				
TE	TERMS FROM INVOICE DATE						
		Net 30	) days				

ORDER NO.	10147817	14 Alcon Sa	ales Order F	PACKING SLIP N	IO 15	14068217					
P.O. NO.	749-669	5661	T Indicates Taxab	le Item	-	QUANT	TITY	Unit	Extended	Discount	Net Price
Item Nun	nber		Item Description		•	Shipped	UOM	Price	Price	Allowance	(USD)
		Serial: 12550568096 Add MTA4U0.145 MTA4U0.14 Serial: 12558883065 Add MTA4U0.145 MTA4U0.14 Serial: 12558883066 Add MTA4U0.140 MTA4U0.14 Serial: 12556895050 Add ORDERED BY: Yatasha M PER MISSISSIPPI LAWS ALL EXPIRED DRUGS FL RETURNABLE UP TO 6 M EXPIRATION FOR CRED	to Consignment - \$0.00 5 PMMA SP 5.5 OPTIC to Consignment - \$0.00 5 PMMA SP 5.5 OPTIC to Consignment - \$0.00 0 PMMA SP 5.5 OPTIC to Consignment - \$0.00 0 PMMA SP 5.5 OPTIC to Consignment - \$0.00 Muskin, 6626243453 JLL OR PARTIAL ARE MONTHS PAST DATE C	13.0 LENGTH 13.0 LENGTH 13.0 LENGTH							
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Laboratories, Ind Laboratories ver an obligation to For Customer	c. will be for sus Portlan report these Service of	<ul> <li>"own use" as defined in the d Retail Druggists Associate purchases on cost reports</li> <li>r Invoice questions, call:</li> <li>56, Vision Care: 1-800-</li> </ul>	e United States Supremo ion. Cash discounts are or claims submitted to f	e court ruling of Abl not applied to tax. `	oott You m progra	ms.			FREIGHT & H. PAY 1	GROSS ANDLING FEE THIS AMOUNT	15.00
Surgical Servi	ce Contra	cts, Labor & Parts: 1-80	00-832-7827	04/20/20							
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		RETURN THIS SLIP W	/ITH YOUR REMITT	NCE TO:							IF PAYMENT S RECEIVED
		Alcon Laboratories, Inc Dallas PNC Bank/Lock P.O. Box 677775								В	S RECEIVED Y <b>04/20/2018</b> PAY : <b>342.00</b>
		Dallas TX 75267-7775	i								IF PAYMENT S RECEIVED
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	Case	3:18-bk-05678		art 2 File	d 01					Page 35	
Page 2 of 2				of 38	3						



BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218 SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVO	DICE D	ATE	INVOICE				
MO	DAY	YR	NUMBER				
03	/15/201	8	9653188337				
TERMS FROM INVOICE DATE							
Net 30 days							
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775							
must be days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.				

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-66	90576	T Indic	ates Taxable Item		QUANT	ITY	Unit	Extended	Discount	Net Price
Item Nun	nber		Item Desc	cription	•	Shipped	UOM	Price	Price	Allowance	(USD)
\S6544-25		CATARACT NW M	ISS REG MED CT	٢R		6	CV	526.14	3,156.84	0.00	3,156.8
		1 CV = 2 EA									
6544-14		CATARACT NW M	ISS REG MED CT	ſR		12	EA				
806597775	8	MONARCH II (B) (	CARTRIDGES SGL	LUSE		12	EA				
806574108	5	ULTRASOUND FI	MS 0.9MM ABS 30	RPAK		12	EA				
006508005	0	BSS PLUS 500ML	KIT GLASS-USA			12	EA				
006507951	5	BSS 15ML-USA				24	EA				
006507411	4	TETRACAINE HC	L 0.5% 4ML SOLN	-USA		12	EA				
006500231	5	MIOSTAT 0.01% 1	1.5ML INTRAOCUL	LAR SOL -USA		12					
806518313	5	DUOVISC (0.40PF	RO/0.35VIS) OPH V	VISC SYST		12	EA				
		ORDERED BY: Ya	atasha Muskin, 662	26243453							
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		EXPIRATION FOR	R CREDIT OR REP	LACEMENT							
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218

SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

INVC	DICE D	ATE	INVOICE			
MO	DAY	YR	NUMBER			
03	/08/201	8	9653104323			
TE	TERMS FROM INVOICE DATE					
Net 30 days						
PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775						
mustbe days of 12 mont	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. Tomake a payment, 3.			

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

P.O. NO.	749-668	36261	T Indicates Taxable Item		QUANT		Unit	Extended	Discount	Net Price
Item Nun	nber		Item Description	•	Shipped	UОМ	Price	Price	Allowance	(USD)
065993047		CLEARCUT SLIT FUL	L HANDLE3.0MM ANG DUAL		2	BOX	96.00	192.00	0.00	192.0
		1 BOX = 6 EA								
065420220			M BEND-TIPANT CHAMBER		2	BOX	32.50	65.00	0.00	65.0
		1 BOX = 10 EA								
		ORDERED BY: Yatas	ha Muskin, 6626243453							
		RETURNABLE UP TO	WS 5 FULL OR PARTIAL ARE 6 MONTHS PAST DATE OF EDIT OR REPLACEMENT							
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BILL TO: 100145705

NW MISSISSIPPI REG MED CT PO BOX 1218 ACCOUNTS PAYABLE CLARKSDALE MS 38614-1218

SHIP TO: 100080533

NW MISSISSIPPI REG MED CT 1 HOSPITAL DR CLARKSDALE MS 38614-7204

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PLEASE MAIL REMITTANCE TO: Alcon Laboratories, Inc. Dallas PNC Bank/Lockbox 677775 P.O. Box 677775 Dallas TX 75267-7775							
mustbe days of 12 mon	made to A invoice da	Alcon La ate. All voice da	tages, or shipping errors boratories, Inc. within 30 claims are null and void ate. To make a payment, 3.				

Alcon Laboratories, Inc. hereby guarantees that no article listed herein is adulterated or misbranded within the meaning of the Federal Drug and Cosmetic Act or is in an article which may not under the provision of section 404, 505, or 512 if the Act be introduced into interstate commerce, except for our errors. All returns must be shipped prepaid and according to Alcon's return policy.

Item Number SA60AT.170 SA60AT.210	Serial Number: Serial Number: SA60AT.210 ACRYS Serial Number: Serial Number: ORDERED BY: Yata PER MISSISSIPPI L/ ALL EXPIRED DRUG RETURNABLE UP T	Item Description OF SP FOLDABLE 6.0 OPTIO 12494184087 Consign Billing 12566729026 Consign Replac OF SP FOLDABLE 6.0 OPTIO 12491585152 Consign Billing 12576237082 Consign Replac sha Muskin, 6626243453 AWS SS FULL OR PARTIAL ARE D 6 MONTHS PAST DATE OF REDIT OR REPLACEMENT	rement C rement		d UOM 1 EA 1 EA	Price 109.00 109.00	Price 109.00 109.00	Allowance 0.00 0.00	(USD) 109.0 109.0
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# MIDDLE DISTRICT OF TENNESSEE Claims Register

### 3:18-bk-05678 Clarksdale Regional Medical Center Inc.

Judge: Charles M Walker Chapter: 11

Office: Nashville

Chapter: 11 Last Date to file claims: Last Date to file (Govt):

#### **Trustee:**

Creditor:(6822762)Claim No: 19Alcon Laboratories, Inc.Original FiledSaul Ewing Arnstein & Lehr LLPDate: 01/16/2019(Sean WilliamsOriginal Entered161 North Clark StreetDate: 01/16/2019Suite 4200Chicago, IL 60601

Claim No: 19Status:Original FiledFiled by: CRDate: 01/16/2019Entered by: adminOriginal EnteredModified:Date: 01/16/2019Status:

Amount claimed: \$37341.12

#### History:

Details <u>19-1</u> 01/16/2019 Claim #19 filed by Alcon Laboratories, Inc., Amount claimed: \$37341.12 (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\*** \$37341.12

**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		