

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Middle District of Tennessee

Case 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?	<u>Cardinal Health 200, LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Debra A. Willet, VP & Assoc. General Counsel</u> Name <u>7000 Cardinal Place</u> Number Street <u>Dublin</u> <u>OH</u> <u>43017</u> City State ZIP Code Contact phone <u>614.757.3428</u> Contact email <u>Debra.Willet@Cardinalhealth.com</u>	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one) _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No Yes. Claim number on court claims registry (if known) <u>No. 37</u> Filed on <u>01/18/2019</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>11,021.50</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Goods sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . Motor vehicle Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> Variable
10. Is this claim based on a loan?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition, \$ _____
11. Is this claim subject to a right of setoff?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property: <u>Potential recoupment and/or setoff of \$450.93 in credits</u>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☐ No ☒ Yes. Check one:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

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

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

☒ Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies. \$ 6,062.26

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5006(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3671.

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

05/09/2019
MM / DD / YYYY

Signature

Bradley Keith Phister

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

Name

Bradley Keith Phister
First name Middle name Last name

Title

Credit Advisor

Company

Cardinal Health

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

Address

7000 Cardinal Place

Number Street

Dublin

City

OH

State

43017

ZIP Code

Contact phone

Email

CLARKSDALE REGIONAL MEDICAL CENTER
Case No. 18-05678
Chapter 11

Rider to Amended Proof of General Unsecured Claim of Cardinal Health 200, LLC

This Amended Proof of Claim of Cardinal Health 200, LLC (“CH 200”), and its affiliates, against Clarksdale Regional Medical Center (“Clarksdale Regional” or the “Debtor”), in the amount of \$11,021.50, arises out of the following circumstances.

Cardinal Health, Inc. (“Cardinal Health”) is an approximately \$130 billion global company that specializes in medical and pharmaceutical distribution, technologies and supply services to various health organizations including, but not limited to, hospitals, pharmacies, nursing homes, imaging centers and clinics. Cardinal Health employs more than 30,000 people in over ten countries, and has numerous facilities worldwide. CH 200, a subsidiary of Cardinal Health, provides certain medical and surgical supplies and distribution services to various entities, including, but not limited to, hospitals, clinics, and nursing homes. Clarksdale Regional executed the Credit Application, previously attached to the original Proof of Claim **Exhibit A**, in connection with its request that Cardinal Health provide certain medical and surgical supplies to it.

As of the Petition Date, Clarksdale Regional owed CH 200 \$11,021.50 for unpaid medical and surgical supplies shipped to Clarksdale Regional pre-petition (the “CH 200 Clarksdale Pre-Petition Claim”). This amount is further subject to the recoupment or setoff of credits in the amount of \$450.93, which would result in a net total unsecured claim of CH 200 of \$10,570.12. A summary chart reflecting the invoices comprising the total pre-petition claim of CH 200, including the invoices comprising the CH 200 Clarksdale Pre-Petition Claim, was attached to the original Proof of Claim as **Exhibit B**. Proofs of delivery for the 503(b)(9) period, to the extent available, are attached here as **Exhibit C**.

Simultaneously herewith, CH 200 is filing a 503(b)(9) administrative claim in the amount of \$6,062.26 for unpaid supplies provided to the Debtor in the twenty day prior to the Debtor's bankruptcy filing (the "CH 200 Clarksdale 503(b)(9) Claim"). CH 200 is not seeking a double-recovery; to the extent that the CH 200 Clarksdale 503(b)(9) Claim is paid, the CH 200 Clarksdale Pre-Petition Claim should be reduced accordingly. Thus, if the CH 200 Clarksdale 503(b)(9) Claim is paid in full, the CH 200 Clarksdale Pre-Petition Claim will be reduced to \$4,958.79, less any credits which CH 200 may recoup or be permitted to set off. However, to the extent that the CH 200 Clarksdale 503(b)(9) Claim is not paid in full as an administrative expense, CH 200 reserves the right to seek payment of the entire CH 200 Clarksdale Pre-Petition Claim.

CH 200, and its affiliates, reserve their rights to amend and supplement this Proof of Claim and/or to file additional proofs of claim for additional claims or administrative claims, as they may deem appropriate. The filing of this Proof of Claim by CH 200 is not intended as, and shall not be construed as CH 200's consent to the determination of the Debtor's liability to CH 200 by any particular court, including, without limitation, the Bankruptcy Court.

EXHIBIT C



January 17, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **431337929959**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Aug 15, 2018 13:07
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	431337929959	Ship date:	Aug 13, 2018
		Weight:	11.8 lbs/5.4 kg

Recipient:
CLARKSDALE, MS US

Shipper:
GRAND PRAIRIE, TX US

Reference
Purchase order number:
Shipment Id

8094387966
749-6785130
431337929959

Thank you for choosing FedEx.



January 17, 2019

Dear Customer:

The following is the proof-of-delivery for tracking number **431337931205**.

Delivery Information:

Status:	Delivered	Delivery location:	Clarksdale, MS
Signed for by:	KTAYLOR	Delivery date:	Aug 15, 2018 13:07
Service type:	FedEx Ground		
Special Handling:			

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	431337931205	Ship date:	Aug 13, 2018
		Weight:	2.2 lbs/1.0 kg

Recipient:
CLARKSDALE, MS US

Shipper:
GRAND PRAIRIE, TX US

Reference

8094387966

Purchase order number:

749-6785130

Shipment Id

431337931205

Thank you for choosing FedEx.

MIDDLE DISTRICT OF TENNESSEE

Claims Register

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

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6729412)
CARDINAL HEALTH 200 LLC
7000 CARDINAL PLACE
DUBLIN, OH 43017

Claim No: 37
Original Filed
Date: 01/18/2019
Original Entered
Date: 01/18/2019
Last Amendment
Filed: 05/09/2019
Last Amendment
Entered: 05/09/2019

Status:
Filed by: CR
Entered by: DANIEL HAYS
PURYEAR
Modified:

Amount claimed: \$11021.50

Secured claimed: \$0.00

Priority claimed: \$6062.26

History:

[Details](#) [37-1](#) 01/18/2019 Claim #37 filed by CARDINAL HEALTH 200 LLC, Amount claimed: \$70777.52 (PURYEAR, DANIEL)

[Details](#) [37-2](#) 05/09/2019 Amended Claim #37 filed by CARDINAL HEALTH 200 LLC, Amount claimed: \$11021.50 (PURYEAR, DANIEL)

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*	\$11021.50
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	\$0.00	
Priority	\$6062.26	
Administrative		

Fill in this information to identify the case:

Debtor 1 CLARKSDALE REGIONAL MEDICAL CENTER

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Middle District of Tennessee

Case 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?

Cardinal Health 200, LLC

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?

☒ No

☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?

Where should notices to the creditor be sent?

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

Debra A. Willet, VP & Assoc. General Counsel

Name

Name

7000 Cardinal Place

Number Street

Number Street

Dublin

OH

43017

City

State

ZIP Code

City

State

ZIP Code

Contact phone 614.757.3428

Contact phone _____

Contact email Debra.Willet@cardinalhealth.com

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No

☐ Yes. Claim number on court claims registry (if known) _____

Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No

☐ Yes. Who made the earlier filing? _____

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

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

7. How much is the claim? \$ 70,777.52 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods Sold

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☐ No

☒ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

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

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☒ Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies.

\$ 10,444.42

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/18/2019
MM / DD / YYYY

Signature

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

Name Brad Phister
First name Middle name Last name

Title Advisor, Credit

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

Address 7000 Cardinal Place
Number Street

Dublin OH 43017
City State ZIP Code

Contact phone 614.553.3315 Email brad.phister@cardinalhealth.com

CLARKSDALE REGIONAL MEDICAL CENTER

Case No. 18-05678

Chapter 11

Rider to Proof of Claim

The Proof of Claim of Cardinal Health 200, LLC (“CH 200”), and its affiliates, against Clarksdale Regional Medical Center (“Clarksdale Regional” or the “Debtor”), in the amount of \$70,777.52, arises out of the following circumstances.

Cardinal Health, Inc. (“Cardinal Health”) is an approximately \$130 billion global company that specializes in medical and pharmaceutical distribution, technologies and supply services to various health organizations including, but not limited to, hospitals, pharmacies, nursing homes, imaging centers and clinics. Cardinal Health employs more than 30,000 people in over ten countries, and has numerous facilities worldwide. CH 200, a subsidiary of Cardinal Health, provides certain medical and surgical supplies and distribution services to various entities, including, but not limited to, hospitals, clinics, and nursing homes. Clarksdale Regional executed the Credit Application, attached as **Exhibit A**, in connection with its request that Cardinal Health provide certain medical and surgical supplies to it.

As of the Petition Date, Clarksdale Regional owed CH 200 \$70,777.52 for unpaid medical and surgical supplies shipped to Clarksdale Regional pre-petition (the “Total Pre-Petition Claim”). A summary chart reflecting the invoices comprising the Total Pre-Petition Claim is attached as **Exhibit B**.

Simultaneously herewith, CH 200 is filing a 503(b)(9) administrative claim in the amount of \$10,444.42 for unpaid supplies provided to the Debtor in the twenty day prior to the Debtor’s bankruptcy filing (the “CH 200 503(b)(9) Claim”). CH 200 is not seeking a double-recovery; to the extent that CH 200’s 503(b)(9) Claim is paid, CH 200’s Total Pre-Petition

Claim should be reduced accordingly. Thus, if CH 200's 503(b)(9) Claim is paid in full, CH 200's total pre-petition claim will be reduced to \$60,333.10. However, to the extent that CH 200's 503(b)(9) Claim is not paid in full as an administrative expense, CH 200 reserves the right to seek payment of the Total Pre-Petition Claim.

CH 200, and its affiliates, reserve their rights to amend and supplement this Proof of Claim and/or to file additional proofs of claim for additional claims or administrative claims, as they may deem appropriate. The filing of this Proof of Claim by CH 200 is not intended as, and shall not be construed as CH 200's consent to the determination of the Debtor's liability to CH 200 by any particular court, including, without limitation, the Bankruptcy Court.



CardinalHealth

Credit Application

Updated: 06.27.17

Section I - GENERAL INFORMATION

1. Legal Entity Name: Clarksdale Regional Medical Center, Inc.

2. D/B/A (if any): NORTHWEST Mississippi Medical Center

3. Business Type (check one): Proprietorship ☐ Partnership ☐ (S) Corp ☒ (C) Corp ☐ LLC ☐ Other ☐

4. Legal Entity Business Address: 1970 Hospital Drive Clarksdale, MS 38614

Business Phone #: 662-627-3211 Business Fax #: 662-624-3558

Shipping Address (if different from business address): same

Billing Address (if different from business address): same

5. Billing Contact name: Toby Butler Contact Phone #: 662-624-3410

Billing Contact e-mail address: toby.butler@curahealth.org

6. Primary Business Contact: Tim Moore Pharmacy Director 662-624-3296 tim.moore@curahealth.org

Name Title Phone # Email Address

Section II - FINANCIAL INFORMATION

7. Federal Tax ID: [REDACTED] MS DOR

State Tax ID #: [REDACTED] (This number must correspond with sales tax exemption certificate).

State of Incorporation TN HIN (Health Industry Number) _____

8. List any businesses affiliated with legal entity on line #1 (include addresses & account #'s):

CURAE Health, Inc. 1721 Midpark Rd Suite B200 Knoxville, TN 37921

Non-profit - sole member of Clarksdale Regional Medical Center, Inc.

9. List name of proprietor, partners, or officers of legal entity:

Name	Title	%owned	Home Address
Steve Clapp	President	N/A - Non-pr. Fir	
Tim Brown	Co. CFO		
Charles Hostee	Facility CFO		

10. List names and addresses of other health care companies in which any of the Individuals or organizations listed in question #9 above also have an ownership interest (i.e. owner, partner or officer):

Batesville Regional Medical Center - Batesville, MS
 Name of Individual _____ Company Name of Affiliated _____ Company Address of Affiliated Company _____

Amory Regional Medical Center - Amory, MS
 Name of Individual _____ Company Name of Affiliated _____ Company Address of Affiliated Company _____

Name of Individual _____ Company Name of Affiliated _____ Company Address of Affiliated Company _____

11. How long has business been under present ownership: 3mths Year Started 2017 # of employees 400

12. Estimated Monthly Purchases \$175,000 Estimated Initial Purchase (if above avg.) _____

Terms Requested (subject to credit approval) 30 days

13. Major Suppliers/Existing Wholesalers:

See Attached
 Supplier _____ Address _____ Phone # _____ Contact Account # _____ \$ High Cr. Amt. & Amt. Owed _____

Supplier _____ Address _____ Phone # _____ Contact Account # _____ \$ High Cr. Amt. & Amt. Owed _____

14. Name of Bank:

See Attached
 Bank _____ Account # _____ Address _____ Phone # _____

Bank _____ Account # _____ (Gov't Receivables) _____ Address _____ Phone # _____

15. Will goods purchased be resold? Yes _____ No ☒

If yes, in what form? AS IS _____ Re-Manufactured _____ Re-Packaged _____ Internationally _____ Other _____

Will pharmaceuticals be sold to anyone other than a patient? Yes _____ No ☒

If yes, please explain _____

Drug License Type* Physician _____ Wholesaler _____ Pharmacy ☒ Precursor _____ DEA ☒ Other _____

16. Are there currently any suits, liens, or judgments filed against applicant or its business, and/or has applicant or its business ever filed for bankruptcy? Yes _____ No ☒

If yes, please describe _____

17. Type of Business of Applicant:

☒ Acute _____ Primary Care _____ Specialty _____ Home Health _____
 _____ Extended _____ Long Term _____ Pharmacy _____ Closed Door _____
 _____ Internet _____ Mail Order _____ Supplier _____ Government _____
 _____ Surgery Center _____ Laboratory _____ Distributor / Wholesaler _____
 _____ Other _____

Section III - AGREEMENT

1. As an inducement for Cardinal Health to accept orders from or otherwise extend or make available credit to Applicant, the undersigned Applicant hereby agrees to comply with the following terms of sale, should Cardinal Health elect to extend such credit. "Cardinal Health" means, collectively, whether one or more, each subsidiary and Affiliate of Cardinal Health, Inc., an Ohio corporation, whether existing now existing or created in the future, together with the successors and assigns of any such entity.

2. The Applicant acknowledges and agrees that it does not and will not redistribute any product distributed by Cardinal Health to the secondary market, including but not limited to (i) pharmaceutical product purchased from Cardinal Health, and (ii) Cardinal Health self-manufactured products.

3. Until the Product is paid for in full, Cardinal Health retains, and the Applicant hereby grants a security interest to Cardinal Health in the product Cardinal Health has sold or is selling to Applicant, together with all proceeds thereof (the "Product").

4. All payments shall be made in full, in accordance with the payment terms, via ACH direct debit or other payment forms acceptable to Cardinal Health. Cardinal Health may assess a service charge calculated at the rate of 1.5% per month (or the maximum rate allowed by law, if such rate is less than 1.5% per month) on any amount not paid by Applicant to Cardinal Health when due under the terms of this Agreement. Failure or delay by Cardinal Health to bill Applicant for any such service charge will not waive Cardinal Health's right to receive the same. In the event of default in payments on any invoices or other agreements between Applicant and Cardinal Health, Cardinal Health shall have the right to declare all invoices immediately due and payable, and in the event of any bankruptcy or insolvency of Applicant, all invoices shall immediately become due and payable without notice or any further action on the part of Cardinal Health, which Applicant hereby waives. Applicant shall pay all out-of-pocket expenses, including attorneys' fees and costs, incurred by Cardinal Health to collect any amounts due under this Agreement or to otherwise enforce any of the terms of this Agreement.

5. Applicant attests to Cardinal Health that it or the pharmacist(s) employed and/or affiliated with Applicant are properly licensed with applicable state licensing agencies to receive, dispense, distribute and otherwise legally dispose of the Product. Applicant understands that by attesting to this, Cardinal Health is complying with the "good faith inquiry" standard to ensure that the Product is distributed to properly licensed and/or registered pharmacy locations. Prior to purchasing the Product from Cardinal Health hereunder, Applicant must provide Cardinal Health with copies of all such licenses and any renewals, revocations or other changes to the same.

6. Applicant agrees that Product will be purchased under Cardinal Health's standard terms and conditions as in effect from time to time and/or the terms and conditions set forth in a vendor agreement shall hereinafter be collectively referred to as the "Terms and Conditions"). The Terms and Conditions are hereby incorporated by reference and made a part hereof. Applicant acknowledges that the Terms and Conditions may be amended or modified by Cardinal Health from time to time and agrees to be bound by such modifications and/or amendments.

7. Without limiting Cardinal Health's rights under law or in equity, Cardinal Health (including its affiliates, subsidiaries, parent or related entities, collectively or individually), may from time to time exercise a right of set-off against any and all amounts due Applicant. For purposes of this Section 7, Cardinal Health shall be deemed to be a single creditor.

8. This Agreement, and any purchase orders, and all exhibits and addenda thereto constitute the entire agreement and understanding of the parties with respect to the subject matter hereof and supersede all prior written and oral agreements, proposals, bid responses, and understandings between the parties relative to the subject matter hereof. Except as otherwise provided herein, no changes to this Agreement or any purchase order will be made or be binding upon either party unless made in writing and signed by each party; provided, however, that Cardinal Health may increase, decrease, revoke or limit the amount and terms of credit extended to Applicant. No course of prior dealings between the Applicant and Cardinal Health and no usage of trade shall be relevant or admissible to supplement, to explain, or vary any of the terms of this Agreement.

9. All Applicable taxes including Federal Excise Tax will be collected as part of the sale.

10. All information provided in this Application or otherwise submitted is true and correct and is being (or will be) furnished for the purpose of obtaining/retaining credit from Cardinal Health. Applicant shall provide Cardinal Health with financial statements and such further information as may reasonably be requested by Cardinal Health from time to time. Applicant authorizes Cardinal Health to verify this information and/or additional information by obtaining data from a credit reporting agency. Applicant acknowledges and agrees to the sharing of financial statements and other information between and among Cardinal Health's subsidiaries and affiliates. Applicant authorizes Cardinal Health to request, obtain and share information with other creditors of Applicant. Applicant shall also provide to Cardinal Health advanced written notice of proposed change in twenty-five (25%) or more of the ownership or control of Applicant's business or assets. Applicant authorizes Cardinal Health to rely on the accuracy of all information provided herein unless and until any information is changed by Applicant's written notice to Cardinal Health.

11. In order to secure timely and full payment and performance of all present and future obligations of Applicant to Cardinal Health (the "Obligations"), including but not limited to all promissory notes and sales on credit, Applicant hereby grants to Cardinal Health a security interest in all of following business assets of Applicant, wherever located and whether now owned or hereafter acquired: all goods, equipment, inventory, accounts, accounts receivable, healthcare receivables, chattel paper, instruments, investment property and all general intangibles, books and records, computer programs and records, and other personal property, tangible or intangible, related to any of the foregoing (including, without limitation, all prescription files, patient lists, signs, appliances, cash registers, computers, computer software, shelving, check-outcounters, compressors, freezers, coolers, display cases, customer records, sundries, tobacco products, prescription and over-the-counter pharmaceutical products, health and beauty aids, home healthcare products and general merchandise and supplies); all accessions and additions to, substitutions for, and replacements of any of the foregoing; all proceeds or products of any of the foregoing; and all rights to payments under any insurance or warranty, guaranty, or indemnity payable with respect to any of the foregoing (collectively, the "Collateral"). All items of Collateral shall remain personal property and shall not become part of any real estate regardless of the manner of affixation. This security interest shall continue in effect until Cardinal Health is indefeasibly paid in full. Applicant hereby authorizes the Cardinal Health to file financing statements describing the Collateral, and any necessary future amendments thereto, in any and all public offices in which Cardinal

Health deems such filing to be necessary or desirable, and Applicant agrees to reimburse Cardinal Health for cost and expense of preparing and filing any such financing statements upon delivery by Cardinal Health to Applicant of an invoice therefor.

12. Applicant authorizes Cardinal Health to initiate debit and credit entries from Applicant's account indicated below and Applicant authorizes the financial institution named below (the "Institution") to debit the same such account. Authority to initiate debit entries shall remain in full force and effect until Cardinal Health and the Institution have received written notice from the Applicant of its termination of such authorization. Applicant acknowledges that it has the legal right to stop payment of a debit entry by notification to the Institution; provided, prior to such notification, Applicant

shall provide sufficient written notice to permit Cardinal Health to take any actions it deems necessary to avoid disruption in payments from the Applicant. Applicant shall promptly notify Cardinal Health in writing of any entry to which it objects; any entry not so objected to and returned in accordance with the applicable rules relating to corporate payment entries of the National Automated Clearing House Association and its related member associations (the "Rules") shall be deemed accepted by Applicant as to amount. Applicant represents and warrants that (i) that, if Applicant is a natural person, the account is maintained primarily for commercial purposes and not for personal, family or household purposes; (ii) that the signature(s) below are all the signature(s) necessary to make this authorization effective as to entries to the account; and (iii) Applicant will continue to maintain the account while this authorization is in effect. Neither Applicant nor Cardinal Health is liable for any act or omission of any automated clearing house, depository, or other person, including the Institution. Applicant will indemnify and hold Cardinal Health harmless for any and all claims, demands, losses, liabilities or expense, including attorneys' fees and expenses, directly or indirectly resulting or arising out of the breach of these warranties and representations. If any automated debit entry is returned because of insufficient funds or no open account, Cardinal Health will assess and Applicant agrees that it shall be liable for a charge of \$25. NEITHER PARTY SHALL BE LIABLE UNDER THIS SECTION 12 FOR ANY SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES, EVEN IF IT IS ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

Bank Name: _____

Bank Transit ABA#: _____

Bank Account #: _____

13. The Authorized Signatory represents that he/she has the authority to bind Applicant to this Agreement. The Applicant acknowledges and agrees that this is an application for business credit and the transactions contemplated are not for personal, family or household purposes. Recognizing that the owner's/partner's/shareholder's/managing member's credit history may be a factor in the evaluation of Applicant's credit history, the owner(s) / partners / shareholder(s) / managing member hereby consent to the use of a consumer credit report by Cardinal Health as it may deem necessary in the credit evaluation process and for periodic review for the purpose of maintaining the credit relationship.

14. Whenever possible, each provision of this Agreement shall be interpreted in such a manner as to be effective and valid under applicable laws; but, if any provision of this Agreement.

15. Applicant and guarantor(s) agree that any controversy arising under or in relation to this Credit Application shall be litigated exclusively in the courts of the State of Ohio; irrevocably consent to service of process, jurisdiction, and venue in the courts of the State of Ohio; agree not to assert any defense based on lack of jurisdiction or venue in the aforesaid courts; and waive any other venue to

which they might be entitled by virtue of domicile, habitual residence, or otherwise. Nothing in this Credit Application is intended to limit any right that Cardinal Health may have to bring any suit, action, or proceeding relating to matters arising under this Credit Application in any other court of competent jurisdiction.

16. The Applicant and Cardinal Health agree that the use of electronic transmission, including but not limited to e-mail or other transmissions via the Internet or World Wide Web, in entering into and in exercising their rights and performing their obligations under this Agreement is in the best interests of all of the parties and shall be permissible, notwithstanding any requirement of the Uniform Commercial Code or any other applicable law that might otherwise be considered unsatisfied as a result of the utilization of such media. The Applicant and Cardinal Health therefore agree that the Uniform Electronic Transactions Act, as promulgated by the National Conference of Commissioners on Uniform State Laws, shall be applicable to the construction of this Agreement and any transactions hereunder, whether or not such Act shall have been adopted in any jurisdiction. By way of illustration and not of limitation, the Applicant and Cardinal Health agree to the following: (a) any document (including this Agreement) transmitted by electronic transmission shall be treated in all respects as an original signed document;

(b) the signature (including an electronic signature) of any Party shall be considered for these purposes as an original signature;

(c) any such electronic transmission shall be considered to have the same binding legal effect as an original document; and

(d) neither Party shall raise the use of electronic transmission as a defense to this Agreement or in matters relating to any transaction pursuant to this Agreement, and each Party waives such defense.

17. If this application for business credit is denied, Applicant has the right to a written statement of the specific reasons for the denial. Cardinal Health will send Applicant a written statement of the specific reason(s) for the denial within thirty (30) days of receiving a request for a written statement. The Federal Equal Credit Opportunity Act and similar state laws prohibit creditors from discriminating against credit applicant on the basis of race, color, religion, national origin, sex, sexual orientation, marital status, familial status, age (provided the applicant has the capacity to enter into a binding contract), handicapping condition of the applicant; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

18. In the event Applicant enters into any Loan Agreement or any one or more promissory notes, security agreements, mortgages, guaranties, control agreements, or other related documents (as the same may be amended, restated, supplemented, or otherwise modified from time to time, collectively, the "Loan Documents"), and there is any inconsistency between the terms and conditions of this Application and the terms and conditions of any Loan Document, the terms and conditions of the Loan Documents shall control.

Printed Legal Entity Name of Applicant as it appears in Section I of the Application

BY: _____

Authorized Signature

ITS: _____

Authorized Signatory Title

Printed Name of Signatory

Date: _____

Section IV - GUARANTY

Each undersigned principal of Applicant (as defined above) (each a "Guarantor"), by reason of his/her financial interest in Applicant and as an inducement of Cardinal Health to extend credit to Applicant, and intending to be legally bound, hereby jointly and severally, irrevocably and unconditionally guaranties to Cardinal Health, and its subsidiaries, affiliates and successors the prompt and full payment (and not merely the ultimate collection) and performance of all Obligations (as defined above) to Cardinal Health, whether now existing or hereafter arising, including any payment made to Cardinal Health that is subsequently avoided in bankruptcy or recovered from Cardinal Health for any reason. Each Guarantor hereby waives (i) notice of any and all acceptances of this guaranty, presentment for payment, demand, notice of dishonor or other nonpayment, protest, and notice of protest with respect to any and all Obligations; and (ii) any and all defenses arising by reason of any failure by Cardinal Health to pursue Applicant or any of its assets, any impairment of collateral, notice of sale or other disposition of any collateral or security now held or hereafter acquired by Cardinal Health, and any and all suretyship defenses or defenses arising out of the guarantor-principal relationship. Without the consent of or notice to any Guarantor: (a) any extension, forbearance, lenience, and indulgence of any nature, whether one or more, may be granted to Applicant; (b) any contracts, agreements, leases, other documents or arrangements may be amended, replaced or modified in any way whatsoever; (c) additional collateral, security, or guaranties may be accepted from Applicant or others from time to time; and (d) any collateral, security, or other guaranties may be released, modified, or substituted from time to time. Each Guarantor authorizes Cardinal Health to verify this information and/or additional information by obtaining data from a credit reporting agency. This is a continuing guaranty and the obligations of each Guarantor may not be revoked or limited so long as Cardinal Health continues to extend credit to Applicant and/or its successors and assigns. Likewise, the obligations of each Guarantor may not be revoked or limited, regardless of renewals, extensions or modifications of trade terms or credit limits granted to Applicant by Cardinal Health. Each Guarantor's obligations under this Guaranty are independent of and separate from the obligations of Applicant. This Guaranty shall be governed under the laws of the State of Ohio. Any action(s) to enforce the terms of this Guaranty may be brought in any court of competent jurisdiction selected by Cardinal Health.

EACH GUARANTOR ACKNOWLEDGES THAT HIS/HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT AND HEREBY CONSENTS AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT ON THE UNDERSIGNED BY CARDINAL HEALTH FROM TIME TO TIME AS CARDINAL HEALTH MAY DEEM NECESSARY IN ITS CREDIT EVALUATIONS.

1. _____
Signature

Printed Name

Social Security # _____

Address: _____

Telephone #: _____ Date: _____

3. _____
Signature

Printed Name

Social Security # _____

Address: _____

Telephone #: _____ Date: _____

2. _____
Signature

Printed Name

Social Security # _____

Address: _____

Telephone #: _____ Date: _____

4. _____
Signature

Printed Name

Social Security # _____

Address: _____

Telephone #: _____ Date: _____



Request for Approval to Access Prison Restricted Products

We understand that you are interested in purchasing items that you are currently restricted from ordering. In order to better understand your business and provide a decision as to your eligibility to purchase the items from which you are restricted please read and respond to the following questions, sign and date, and return this form to Cardinal Health.

- 1) Are you in business as a correctional facility? (e.g. prison, local or county jail, re-entry center, juvenile detention, or any other correctional affiliation)

Yes _____ No ☒

- 2) Does your facility provide products by either purchasing for or distributing to a correctional facility, either directly or indirectly, as outlined above?

Yes _____ No ☒

Customer hereby certifies that the questions above have been responded to accurately and truthfully. Customer agrees to notify Cardinal Health immediately should their business model change as to become a correctional facility or engage in any future business activities with a correctional facility (e.g. prison, local or county jail, re-entry center, juvenile detention, or any other correctional affiliation).

Customer Account Name Northwest Mississippi Medical Ctr

Distribution Center _____

Customer Account # _____

Signature _____

Title _____

Date _____

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Cardinal Health
7000 Cardinal Place
Dublin, OH 43017
614.757.5000 main
www.cardinalhealth.com

CARDINAL HEALTH RETURNED GOODS AUTHORIZATION ONGOING ASSURANCE

The undersigned customer ("Customer") of Cardinal Health, (the "Wholesaler") hereby agrees that this document is being delivered to confirm Customer's compliance with applicable federal, state, and local laws / guidelines concerning returned goods and shall apply to all returns by Customer to Wholesaler from time to time and shall supersede any inconsistent provisions which may be contained in any credit request, purchase order, or other documents pertaining to the supply relationship between Customer and Wholesaler.

Customer represents, warrants, and guarantees to Wholesaler that: (a) each such return shall be made only to the specific Wholesaler from which the item was originally purchased; (b) each such return shall be accompanied by Wholesaler's credit request form (the "Return Form"), which shall specify both Customer's and Wholesaler's name and address, the date of the return, the quantity and description of the product returned, and such other information as may reasonably be requested on Wholesaler's Return Form; (c) Customer shall retain a copy of each Return Form and related credit memo and make such documentation available to the manufacturer and to authorized federal, state, and local law enforcement officers upon request; (d) the credit claimed or accepted by Customer for any such return shall not exceed the original purchase price paid to Wholesaler; and (e) all merchandise returned to Wholesaler has been stored and handled by Customer in accordance with all applicable federal, state, and local laws, manufacturer guidelines when disclosed to customer by the manufacturer or wholesaler, and good trade practices, and such merchandise has not been adulterated or misbranded by customer within the meaning of the Federal Food, Drug, and Cosmetic Act and meets all FDA, state, and other applicable requirements and guidelines.

Northwest MS Medical Ctr
Print Customer Name (i.e., Store Name) (Include all that apply)

1970 Hospital Drive
Clarksdale, MS 38614

Print Store Address

By Authorized Person / Title (Print)

Date

Signature of Authorized Person

— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI

000000104 01 SP 0.46 02780 1 104



ERIKA STAPLETON
NORTHWEST MISSISSIPPI MEDICAL CENTER
1970 HOSPITAL DR
CLARKSDALE MS 38614-7202

Date: November 14, 2017
Letter ID: L1269325696

Reference: Sales Tax Exemption
Letter Ruling Number: 17-0517

This is in response to your letter dated November 01, 2017, requesting that the Mississippi Department of Revenue provide a ruling regarding whether the Curae Health Inc., d/b/a "Northwest Mississippi Medical Center" is exempt from Mississippi sales and use tax. Your request has been assigned the letter ruling number listed above. Please use this number in any further correspondence with the DOR concerning this request.

After a search of the applicable statutes, this is to confirm that the Curae Health Inc., d/b/a "Northwest Mississippi Medical Center" does qualify for sales tax exempt status pursuant to Miss. Code Ann. Section 27-65-111(a). This Section provides that sales of tangible personal property or services to hospitals or infirmaries owned and operated by a corporation or association in which no part of the net earnings inures to the benefit of any shareholder, group or individual, and which are subject to and governed by Miss. Code Ann. Section 41-7-123 through Section 41-7-127, are exempt from sales tax. As a prerequisite to exemption, the sale of property or charge for services must be sold directly to, billed directly to, and paid for directly by the exempt entity. The exemption applies to purchases of tangible personal property and taxable services that are ordinary and necessary to the operation of the exempt entity.

However, any department or division of an exempt entity, whether located on site or off-site, which is not ordinary and necessary to the operation of the exempt entity, is not covered under the exemption granted and is subject to the applicable rate of sales tax on its purchases. This includes, but is not limited to, wellness centers, physician's offices, and clinics.

This exemption does not apply to sales of tangible personal property or services to contractors purchased in the performance of contracts with the exempt entity, nor the employees of the exempt entity, although the contractor or employee may be reimbursed for the expense by the exempt entity. Furthermore, this exemption does not apply to Contractors Tax levied by Miss. Code Ann. Section 27-65-21.

You may use a copy of this letter in order to substantiate the Curae Health Inc., d/b/a "Northwest Mississippi Medical Center" exempt status. I trust that this is the information you were requesting. Should you have any additional questions, feel free to contact this office at (601) 923-7015.

Under Miss. Code Ann. Section 27-65-85(a), it shall be unlawful for any person to use an exemption authorized under the Sales Tax laws for the purpose of avoiding the payment of tax the person is required to pay by law. Any person violating this provision shall be guilty of a misdemeanor and, on conviction thereof, shall be fined not more than Five Hundred Dollars (\$500.00), or imprisoned not exceeding six (6) months in the county jail, or punished by both such fine and imprisonment, at the discretion of the court.

This letter ruling is based on the specific facts and circumstances that you communicated to the DOR. This ruling is not

P.O. Box 1033 Jackson, MS 39215-1033 Phone: (601) 923-7700 Fax: (601) 923-7714

Form # mL0004 y. V10

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

Date: November 14, 2017
Letter ID: L1269325696

binding on the DOR if these facts and circumstances are inaccurate, contain a material omission of a relevant fact or facts to the issue(s) presented or if such facts and circumstances change. This letter ruling is also only valid for seven (7) years from the date of this letter. At the end of this seven (7) year period, you are free to update your information and request another letter ruling if you wish. This ruling is only applicable to you or to your client if you are requesting this ruling on behalf of another and can only be relied upon by the person for whom the ruling was requested.

If the facts and circumstances presented in your request are accurate, complete and do not change for the seven (7) year period indicated above, the person for whom it was requested can rely upon this ruling unless and until there is a change in the law or regulation or the issuance of judicial decision that indicates the ruling is no longer correct or the DOR retracts the ruling. The DOR does reserve the right to retract this ruling if it later determines on its own review that the ruling is incorrect. Such retraction will be in writing and the effect of the retraction will be prospective from the date of the retraction letter.

Sincerely,

Darius Mangum
(601) 923-7322
Mississippi Department of Revenue

P.O. Box 1033 Jackson, MS 39215-1033 Phone: (601) 923-7700 Fax: (601) 923-7714

Form # ml0004 v. v10

Visit www.dor.ms.gov for tax information and online filing. If you call, please have this letter with you.

CLARKSDALE REGIONAL MEDICAL CENTER, INC.

dba NORTHWEST MISSISSIPPI MEDICAL CENTER

1970 Hospital Drive

P.O. Box 1218

Clarksdale, MS 38614

Type of Business: Hospital

GPO Affiliation: Healthtrust Purchasing Group

Bank Reference

ServisFirst Bank

Nashville, TN

Account Number: [REDACTED]

Contact Name: Kelly Roche

Phone: 615-921-3527

General Information

FEIN: [REDACTED]

Tax Status: Exempt

D&B Number: [REDACTED]

Trade References

Medline

One Medline Place

Mundelein, IL 60060

800-633-5463

Acct#: [REDACTED]

Baxter Healthcare

PO Box 527

Morrow, GA 30260

888-229-0001

Acct#: [REDACTED]

Cardinal Health

7000 Cardinal Place

Dublin, OH 43017

877-700-6969

Acct#: [REDACTED]

Accounts Payable Contact

Toby Butler

662-624-3410

toby.butler@curaehealth.org

Purchasing Contact

Yatasha Muskin

662-624-3453

yatasha.muskin@curaehealth.org

Exhibit B to CH 200 Proof of Claim

Document Date	Document Number	Amount in local currency
8/28/2015	7045573083	\$ (47.93)
10/24/2017	1403245658	\$ (377.49)
11/13/2017	1401406998	\$ 36.42
11/13/2017	1401406998	\$ 49.58
11/27/2017	1400112495	\$ 30.57
11/27/2017	1400112495	\$ 41.70
11/27/2017	1400112495	\$ 32.96
11/27/2017	1400112495	\$ 65.08
11/29/2017	7076957649	\$ 34.74
12/1/2017	1603140930	\$ 18.85
12/8/2017	7077346628	\$ 103.67
12/15/2017	7077648174	\$ 52.11
12/22/2017	7077939594	\$ 156.02
12/29/2017	7078207861	\$ 113.98
1/1/2018	1601461337	\$ 24.04
1/3/2018	7078400786	\$ 368.31
1/3/2018	7078400788	\$ 126.86
1/3/2018	7078400790	\$ 266.52
1/4/2018	7078454527	\$ 97.99
1/5/2018	7078525257	\$ 162.44
1/5/2018	7078525258	\$ 105.22
1/5/2018	7078513537	\$ 152.38
1/5/2018	7078516843	\$ 101.47
1/10/2018	7078734011	\$ 26.48
1/11/2018	7078794856	\$ 1,208.10
1/12/2018	7078837312	\$ 334.09
1/12/2018	7078840585	\$ 72.46
1/17/2018	7079018481	\$ 875.72
1/17/2018	7079027418	\$ (97.11)
1/19/2018	7079058900	\$ 97.11
1/19/2018	7079058901	\$ 759.97
1/19/2018	7079110796	\$ 351.18
1/19/2018	7079114184	\$ 169.23
1/24/2018	7079297242	\$ 48.59
1/25/2018	7079355869	\$ 685.73
1/26/2018	7079409399	\$ 307.35
1/26/2018	7079412818	\$ 105.71
1/31/2018	7079575841	\$ 67.27
1/31/2018	7079575843	\$ 91.80
2/1/2018	7079658234	\$ 544.52
2/1/2018	7079658235	\$ 164.08
2/1/2018	1603236103	\$ 30.72
2/2/2018	7079702115	\$ 420.35
2/2/2018	7079706515	\$ 233.76
2/2/2018	7079705603	\$ 84.37
2/5/2018	7079773008	\$ 200.15
2/5/2018	7079773009	\$ 186.21
2/6/2018	7079831068	\$ 159.41
2/7/2018	7079885333	\$ 611.13
2/7/2018	7079885334	\$ 100.15
2/7/2018	7079885335	\$ 1,009.80
2/7/2018	7079885336	\$ 69.33
2/8/2018	7079975488	\$ 201.89
2/8/2018	7079975489	\$ 83.05

Exhibit B to CH 200 Proof of Claim

2/8/2018	7079975490	\$	98.35
2/8/2018	7079975491	\$	394.95
2/8/2018	7079975492	\$	212.59
2/8/2018	7079975493	\$	800.77
2/8/2018	7079975494	\$	33.04
2/9/2018	7080034289	\$	82.66
2/12/2018	7080137792	\$	(106.60)
2/13/2018	7080189785	\$	(98.69)
2/14/2018	7080232647	\$	125.40
2/14/2018	7080232648	\$	85.13
2/15/2018	7080383351	\$	154.95
2/15/2018	7080383354	\$	554.96
2/15/2018	7080383356	\$	19.14
2/16/2018	7080387573	\$	737.05
2/16/2018	7080391022	\$	276.95
2/19/2018	7080475016	\$	105.49
2/21/2018	7080565210	\$	369.52
2/21/2018	7080565212	\$	114.02
2/21/2018	7080565211	\$	106.69
2/22/2018	7080647541	\$	110.34
2/22/2018	7080647540	\$	82.18
2/23/2018	7080701036	\$	696.11
2/24/2018	7080762104	\$	2,341.55
2/28/2018	7080930868	\$	144.20
2/28/2018	7080930867	\$	336.60
3/1/2018	7080945858	\$	25.92
3/1/2018	7080945857	\$	89.74
3/1/2018	7080945856	\$	31.98
3/1/2018	7080945855	\$	779.27
3/1/2018	1602041021	\$	34.26
3/2/2018	7080998338	\$	472.07
3/2/2018	7081001647	\$	44.67
3/7/2018	7081214035	\$	107.33
3/7/2018	7081214037	\$	3.74
3/7/2018	7081214038	\$	718.66
3/8/2018	7081266456	\$	412.48
3/9/2018	7081300391	\$	249.28
3/9/2018	7081303760	\$	171.77
3/12/2018	7081385049	\$	27.42
3/14/2018	7081474254	\$	23.25
3/15/2018	7081551647	\$	168.08
3/16/2018	7081600827	\$	277.50
3/16/2018	7081604140	\$	96.16
3/21/2018	7081805129	\$	3.74
3/21/2018	7081805131	\$	461.13
3/22/2018	7081874296	\$	374.38
3/23/2018	7081883121	\$	305.93
3/23/2018	7081886403	\$	166.67
3/28/2018	7082063462	\$	27.34
3/28/2018	7082063463	\$	23.65
3/29/2018	7082125356	\$	105.44
3/29/2018	7082125357	\$	76.89
3/30/2018	7082192189	\$	205.34
3/30/2018	7082195622	\$	91.45
4/1/2018	1603241126	\$	44.69

Exhibit B to CH 200 Proof of Claim

4/4/2018	7082401296	\$	146.20
4/4/2018	7082401297	\$	61.20
4/5/2018	7082507765	\$	85.39
4/5/2018	7082507764	\$	35.36
4/6/2018	7082525223	\$	268.54
4/6/2018	7082528459	\$	156.36
4/8/2018	7082617476	\$	199.10
4/10/2018	7082657899	\$	109.68
4/10/2018	7082657901	\$	543.64
4/11/2018	7082737421	\$	27.52
4/13/2018	7082836981	\$	200.30
4/13/2018	7082840243	\$	53.97
4/18/2018	7083054510	\$	224.40
4/19/2018	7083084800	\$	613.31
4/20/2018	7083126450	\$	1,549.26
4/20/2018	7083129764	\$	97.38
4/23/2018	7083240146	\$	20.14
4/25/2018	7083382486	\$	109.73
4/25/2018	7083382488	\$	162.35
4/26/2018	7083431029	\$	295.96
4/27/2018	7083485575	\$	183.67
4/27/2018	7083488982	\$	58.72
4/28/2018	7083546923	\$	109.68
5/1/2018	1603425559	\$	12.37
5/1/2018	1604975982	\$	50.32
5/2/2018	7083671529	\$	183.16
5/3/2018	7083737621	\$	756.33
5/4/2018	7083769072	\$	216.41
5/4/2018	7083774006	\$	61.11
5/4/2018	7083772377	\$	157.58
5/8/2018	7083888399	\$	395.33
5/9/2018	7083945334	\$	119.90
5/10/2018	7083990505	\$	256.34
5/11/2018	7084040553	\$	515.31
5/11/2018	7084078518	\$	(436.86)
5/11/2018	7084043962	\$	161.79
5/16/2018	7084219097	\$	365.88
5/17/2018	7084272315	\$	345.84
5/17/2018	7084272316	\$	19.92
5/17/2018	7084272317	\$	496.28
5/18/2018	7084321934	\$	47.65
5/19/2018	7084375146	\$	273.74
5/23/2018	7084519601	\$	116.63
5/23/2018	7084519602	\$	711.60
5/24/2018	7084607436	\$	53.29
5/24/2018	7084607440	\$	301.64
5/25/2018	7084662398	\$	2,103.85
5/25/2018	7084684174	\$	401.04
5/25/2018	7084712738	\$	215.68
5/30/2018	7084783031	\$	27.52
5/31/2018	7084896237	\$	1,242.00
6/1/2018	7084928284	\$	251.94
6/1/2018	1602451019	\$	53.53
6/1/2018	7084931444	\$	42.07
6/4/2018	1400133482	\$	7.97

Exhibit B to CH 200 Proof of Claim

6/6/2018	7085112568	\$	170.26
6/7/2018	7085165178	\$	46.06
6/8/2018	7085203183	\$	268.98
6/8/2018	7085214764	\$	252.00
6/8/2018	7085208414	\$	(144.73)
6/8/2018	7085208415	\$	151.49
6/13/2018	7085418276	\$	261.07
6/14/2018	7085477103	\$	566.68
6/14/2018	7085477104	\$	320.94
6/15/2018	7085523410	\$	392.47
6/15/2018	7085527251	\$	114.20
6/20/2018	7085722166	\$	128.03
6/22/2018	7085816730	\$	313.53
6/22/2018	7085834126	\$	639.84
6/22/2018	7085819956	\$	110.43
6/26/2018	7085950882	\$	262.70
6/27/2018	7086034024	\$	1,110.85
6/28/2018	7086122228	\$	430.20
6/28/2018	7086122230	\$	662.32
6/29/2018	7086168534	\$	(99.73)
6/29/2018	7086168535	\$	734.19
6/29/2018	7086222577	\$	344.78
6/29/2018	7086222578	\$	4,207.70
6/29/2018	7086173852	\$	(42.73)
6/29/2018	7086173853	\$	116.81
7/1/2018	1600230772	\$	42.94
7/3/2018	7086279633	\$	273.96
7/6/2018	7086427005	\$	143.41
7/9/2018	7086507219	\$	444.05
7/9/2018	1401365093	\$	91.22
7/10/2018	7086509866	\$	53.64
7/11/2018	7086579214	\$	87.76
7/11/2018	7086579215	\$	43.49
7/12/2018	7086630169	\$	45.45
7/12/2018	7086630170	\$	6.17
7/12/2018	7086564008	\$	242.77
7/13/2018	7086700176	\$	444.05
7/13/2018	7086700904	\$	10.70
7/18/2018	7086912043	\$	307.92
7/18/2018	7086908308	\$	69.89
7/18/2018	7086908307	\$	69.89
7/19/2018	7086967879	\$	357.76
7/19/2018	7086935059	\$	68.68
7/26/2018	7087211029	\$	325.38
7/27/2018	7087250704	\$	1,255.25
7/27/2018	7087250709	\$	1,776.02
7/27/2018	7087254011	\$	251.59
7/30/2018	1403450087	\$	(28.00)
8/1/2018	1602935830	\$	657.11
8/1/2018	1602040783	\$	45.54
8/2/2018	7087486880	\$	13.66
8/3/2018	7087533770	\$	181.19
8/3/2018	7087533775	\$	245.72
8/3/2018	7087536849	\$	56.24
8/8/2018	7087751459	\$	30.16

Exhibit B to CH 200 Proof of Claim

8/8/2018	7087751460	\$	197.14
8/9/2018	7087783128	\$	754.32
8/10/2018	7087831126	\$	400.56
8/10/2018	7087840645	\$	81.76
8/10/2018	7087831131	\$	467.78
8/10/2018	7087834446	\$	112.46
8/11/2018	7087889283	\$	1,476.00
8/13/2018	7087904026	\$	77.39
8/14/2018	7087998061	\$	125.33
8/14/2018	7087998540	\$	3,498.87
8/15/2018	7088067641	\$	27.36
8/16/2018	7088120771	\$	222.79
8/16/2018	7088120772	\$	316.95
8/16/2018	7088120773	\$	5.33
8/16/2018	7088120774	\$	64.70
8/17/2018	7088174339	\$	383.05
8/17/2018	7088174344	\$	299.41
8/17/2018	7088177624	\$	35.71
8/21/2018	7088349873	\$	829.00
8/22/2018	7088363882	\$	457.24
8/22/2018	7088363884	\$	1,080.93
8/22/2018	7088363900	\$	100.14
8/23/2018	7088447448	\$	115.46
8/23/2018	7088447450	\$	902.69
8/23/2018	7088447452	\$	80.86
8/23/2018	1600015042	\$	(45.44)
8/24/2018	7088478538	\$	382.04
8/24/2018	7088478543	\$	162.72
8/24/2018	7088481866	\$	78.33
		\$	70,777.52
	503(B)(9) Items =		10,444.42

MIDDLE DISTRICT OF TENNESSEE

Claims Register

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

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6729412)
CARDINAL HEALTH 200 LLC
7000 CARDINAL PLACE
DUBLIN, OH 43017

Claim No: 37
Original Filed
Date: 01/18/2019
Original Entered
Date: 01/18/2019

Status:
Filed by: CR
Entered by: DANIEL HAYS
PURYEAR
Modified:

Amount claimed: \$70777.52

Secured claimed: \$0.00

Priority claimed: \$10444.42

History:

[Details](#) [37-1](#) 01/18/2019 Claim #37 filed by CARDINAL HEALTH 200 LLC, Amount claimed: \$70777.52 (PURYEAR, DANIEL)

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*	\$70777.52
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured	\$0.00	
Priority	\$10444.42	
Administrative		