

Fill in this information to identify the case:

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

FILED
U.S. Bankruptcy Court
MIDDLE DISTRICT OF TENNESSEE
1/22/2019
MATTHEW T. LOUGHNEY, Clerk

**Official Form 410
Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>MRS Systems, Inc.</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>MRS Systems, Inc.</u>	_____
	Name	Name
	<u>c/o David C. Neu K&L Gates LLP 925 4th Avenue, Suite 2900 Seattle, WA 98104</u>	_____
	Contact phone <u>206-623-7580</u>	Contact phone _____
	Contact email <u>david.neu@klgates.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>2307</u>
7. How much is the claim?	\$ <u>12420.00</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. <u>Goods Sold</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

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

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

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

Check the appropriate box:

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

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

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

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

Executed on date 1/22/2019
MM / DD / YYYY

/s/ Mark P. Morris

Signature

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

Name Mark P. Morris

First name Middle name Last name

Title CEO

Company MRS Systems, Inc.

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

Address 19000 33rd Avenue, Suite 130

Number Street

Lynnwood, WA 98036

City State ZIP Code

Contact phone 425-563-1767 Email mark.morris@mrsys.com



Aspen® Breast



Contact Information

Quote Number	00001425	Expiration Date	6/22/2018
Quote Recipient	Northwest Mississippi Regional Medical Center	Quote Prepared By	MRS Systems, Inc.
Contact Info	Spring Bowen Director of Imaging Services 1970 Hospital Drive Clarksdale, Mississippi 38614 (662) 624-3466 spring.bowlin@curaehealth.org		Dan Uranga Business Manager - East 19000 33rd Ave W Ste 130 Lynnwood, Washington 98036 425-563-1767 dan.uranga@mrsys.com

System Price Summary - Line Item Detail on the Following Page(s)

Total Price \$16,320.00

Additional Description

MRS Aspen Breast QA Plus,

With EQUIP

Signature Section

Accepted for (Company):	<u>Northwest MRS Med. Center</u>	MRS Systems, Inc.
By:	<u>[Signature]</u>	<u>[Signature]</u>
Title:	<u>CFO</u>	Business Manager - East
Printed Name:	<u>Charles Hester</u>	Dan Uranga
Date:	<u>6/7/18</u>	5/30/2018
Phone & Email:	<u>662-624-3467</u> <u>charles.hester@curaehealth.org</u>	425-563-1767 dan.uranga@mrsys.com

Aspen Breast Reporting Edition & Aspen Breast QA+
 The Aspen Breast Reporting edition has no limit to the number of site or user licenses which can be purchased as an add-on to the system. Some Aspen Breast QA+ editions have limits to user and or site licenses that may be added to the system. See line item details for restriction. Each site has a complete set of customizable letters. All systems include the current version of the software shipped on DVD. Initial license fee includes MRS Standard Level Support for one year after applications training not to exceed two years from initial purchase date. Networks may have any number of nodes; however, enough licenses should be ordered to assure that all those desiring access to MRS software at the same time can be accommodated. Networking hardware, workstation / server operating system and Microsoft SQL Server software including SQL client access licenses (if applicable) installation and maintenance are the customer's responsibility. On-site applications training is mandatory for most systems.

On-Site Applications Training at Your Facility (Required for first-time purchase. Mandatory for most upgrades.)
 Onsite applications training, if included, includes all expenses, setup and training for radiologists, breast imaging staff, hospital and IT administrators. Application training is for up to seven (7) people and assumes one trip, at one facility only within the Continental US, Alaska and Hawaii, unless expressly stated otherwise. Technologist can earn ASRT CE credits for MRS training (as long as they have not received over 8 credits for MRS training in their current biennium). System invoices must be paid prior to scheduling applications training.
 If training needs to be rescheduled by the Customer after visit confirmation, a penalty equal to one half (1/2) the amount of the Application Training fee may be charged. Notify MRS at the time the order is placed if there are any security clearance requirements MRS trainer(s) must obtain prior to arriving at your facility.

Quote Line Items

Product	Qty	Unit Price	Total Price	Description
[Signature]				



Aspen® Breast



Aspen® Breast QA+	\$7,900.00	1.00	\$7,110.00	The MRS software - includes one (1) user license and one (1) site license with a maximum of 4 additional (5 total) user and 2 additional (3 total) site licenses.
HL7 1-Way Interface - Inbound	\$5,000.00	1.00	\$4,500.00	MRS software interface configuration with cooperation from vendor of the sending system. Must meet MRS specifications. Includes ADT or ORM messages sent inbound to MRS software.
EQUIP Reporting	\$800.00	1.00	\$810.00	Per site fee. Optional reporting tools needed to support all data collection and reporting requirements for Enhancing Quality through the Inspection Process (EQUIP).
Onsite Applications Training (2 Days)	\$3,800.00	1.00	\$3,800.00	Applications training at customer location. See On-Site Applications Training at Your Facility terms listed within this quotation for full description.

Quotation Terms & Definitions

Hardware/Software Requirements and Specifications

See Technical Specifications Document for your MRS software version (up to date requirements and specifications outline available as a separate document).

Interface Arrangement

Implementing interfaces, if part of this quotation, requires close cooperation between all interested parties. Usually these include (1) the user; (2) MRS; and (3) the company that published and/or supports the system with which the MRS software is to be interfaced. The MRS Interface Specialist assigned to your project will require remote control access to the server which will run the Auto Interface program.

The user should also check with the RIS or HIS vendor to determine whether the facility has the appropriate software version, the interface software itself, the necessary hardware, etc., to interface with the MRS software. The RIS or HIS vendor may charge for their interface software, hardware and/or installation assistance.

Voice Recognition Integration

For MRS software integration with voice recognition systems, check with your voice recognition vendor to determine the appropriate cost of software and or hardware to be provided by them in order to integrate with MRS software. You, the customer, are responsible for creating your own voice recognition templates. While MRS can supply sample templates and assist your template builder with specific integration questions, please know that the MRS trainer is not trained on the voice recognition product and its features. MRS will assist during integration testing. MRS strongly recommends that your voice recognition system be in use 90 to 120 days prior to MRS software application training. This will help facilitate a productive go-live implementation.

If integrating MRS software with Nuance PowerScribe 360, MRS recommends PowerScribe 360 Version 4 or higher. If integrating MRS software with M*Modal Fluency, MRS recommends Fluency Version 3.3.6 or higher.

Digital Workstation Integration

If integrating MRS software with your digital workstation(s), check with your digital workstation vendor to determine the appropriate cost of software and or hardware to be provided by them in order to integrate with MRS software.

Terms:

Delivery: Software normally shipped within two (2) business days after receipt of order

Shipping Charges: Prepaid and charged

FOB: Destination

Terms: Net 30 days after shipment or 21 calendar days prior to the first scheduled day of applications training, whichever is sooner.*

Tax: Plus Applicable Sales Tax.

Expiration: Quotation valid for 60 days unless otherwise stated.

Return Policy: 15% restocking fee for complete systems, including options, returned within 90 days of shipment (no refunds for individual components i.e. user licenses, interfaces, worksheet printing or any add on). No refunds after 90 days.

Purchase Order: If customer's purchase order is used in conjunction with this agreement, customer agrees that the following statement is automatically made part of customer's purchase order. "The terms and conditions set forth in this Price Quotation, are made apart of customer's purchase order and are in lieu of all terms and conditions, express or implied, in such purchase order." The terms and conditions set forth in the Annual Support and Maintenance Program are applicable to all renewals of that program.

*Finance charge of 1.5% per month from invoice date applies for payments received after 30 days. Fees for work performed are not refundable.

*MRS is able to accept Visa or Mastercard. A convenience fee of 2.9% will apply. Please request the form from Accounts Receivable at AR@mrsys.com or (800) 253-4827. This quote is not valid unless signed by an MRS Representative.

Annual Support and Warranty



Aspen® Breast



Annual Technical Support - Enhancement & Support Program:

In accordance with the MRS Enhancement & Support Terms and Conditions (ESP), the ESP consists of unlimited toll-free telephone support during business hours in the Continental US, AK and HI (please visit www.mrsys.com for current business hours). If any form of technical support is required outside MRS normal business hours, MRS will provide a quote for the required support. The ESP also includes free point release upgrades (available upon request) for the same edition and version as licensed, and periodic newsletters. Purchase of any additional Aspen Breast features or upgrades are only warranted to the end of the existing support period. An invoice for the cost of this service will be sent 45-60 days prior to your expiration date. This does not include support for any of MRS third party affiliates.

Annual Support \$2,490.00

New customers receive a one (1) year ESP warranty for the first 12 months after application training not to exceed two (2) years from initial date of shipment. The above Annual Support cost does not include applicable sales tax and is subject to change.

System Specifications

SERVER REQUIREMENTS

Processor

Minimum: AMD Opteron, AMD Athlon 64, Intel Xeon with Intel EM64T Support, Intel Pentium IV with EM64T Support
Recommended: Intel Xeon Processor

Processor Speed

Minimum: 2.40 GHz - 4 cores
Recommended: 2.60 GHz - 6 cores

RAM

Minimum: 8 GB
Recommended: 16 GB of higher

Hard Drive

Minimum: 100 GB Free Space
Recommended: 100 GB Free Space

Supported OS

Minimum: Windows Server 2008 R2
Recommended: Windows Server 2012

Important: if SQL is on the same server as Aspen, use the specifications under SQL Requirements.

SQL REQUIREMENTS

SQL Version

Minimum: SQL 2008 Express+
Recommended: SQL 2016

Processor

Minimum: AMD Opteron, AMD Athlon 64, Intel Xeon with Intel EM64T Support, Intel Pentium IV with EM64T Support
Recommended: Intel Xeon Processor

Processor Speed

Minimum: 3.50 GHz - 6 cores
Recommended: 3.50 GHz - 10 cores

RAM

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Recommended: 16 GB of higher

Hard Drive

Minimum: 100 GB Free Space
Recommended: 100 GB - 619 GB Free Space

spen

Aspen Breast

MRS

Contact Information

Quote Number 00001425
 Quote Recipient Northwest Mississippi Medical Center
 Contact Info Spring Bowlin
 Director of Imaging Services
 1970 Hospital Drive
 Clarksdale, Mississippi 38614
 (662) 624-3466 | spring.bowlin@curaehealth.org

Expiration Date 5/22/2018
 Quote Prepared By MRS Systems, Inc
 Dan Uranga
 Business Manager - East
 19000 33rd Ave W Ste 130
 Lynnwood, Washington 98035
 425-553-1767 | dan_uranga@mrsys.com

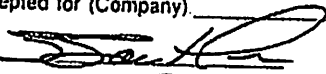
System Price Summary - Line Item Detail on the Following Page(s)

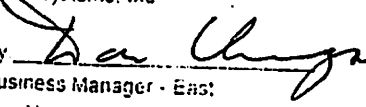
Total Price \$16,320.00

Additional Description

MRS Aspen Breast QA Plus,
With EQUIP

Signature Section

Accepted for (Company) _____
 By: 
 Title: CEO
 Printed Name: Joel Southern
 Date: 6/8/2018

MRS Systems, Inc
 By: 
 Business Manager - East
 Dan Uranga
 5/30/2018
 425-553-1767 | dan_uranga@mrsys.com

Phone & Email 662-624-3464
spring.bowlin@curaehealth.org

Aspen Breast Reporting Edition & Aspen Breast QA+

The Aspen Breast Reporting edition has no limit to the number of site or user licenses which can be purchased as an add-on to the system. Some Aspen Breast QA+ editions have limits to user and or site licenses that may be added to the system. See line item details for restriction. Each site has a complete set of customizable letters. All systems include the current version of the software shipped on DVD. Initial license fee includes MRS Standard Level Support for one year after applications training not to exceed two years from initial purchase date. Networks may have any number of nodes; however, enough licenses should be ordered to assure that all those desiring access to MRS software at the same time can be accommodated. Networking hardware, workstation / server operating system and Microsoft SQL Server software including SQL client access licenses (if applicable) installation and maintenance are the customer's responsibility. On-site applications training is mandatory for most systems.

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*Finance charge of 1.5% per month from invoice date applies for payments received after 30 days. Fees for work performed are not refundable.

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Aspen® Breast



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SERVER REQUIREMENTS

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Recommended: Intel Xeon Processor

Processor Speed

Minimum: 2.40 GHz - 4 cores
Recommended: 2.60 GHz - 6 cores

RAM

Minimum: 8 GB
Recommended: 16 GB of higher

Hard Drive

Minimum: 100 GB Free Space
Recommended: 100 GB Free Space

Supported OS

Minimum: Windows Server 2008 R2
Recommended: Windows Server 2012

Important: If SQL is on the same server as Aspen, use the specifications under SQL Requirements.

SQL REQUIREMENTS

SQL Version

Minimum: SQL 2008 Express+
Recommended: SQL 2016

Processor

Minimum: AMD Opteron, AMD Athlon 64, Intel Xeon with Intel EM64T Support, Intel Pentium IV with EM64T Support
Recommended: Intel Xeon Processor

Processor Speed

Minimum: 3.50 GHz - 6 cores
Recommended: 3.50 GHz - 10 cores

RAM

Minimum: 8 GB
Recommended: 16 GB of higher

Hard Drive

Minimum: 100 GB Free Space
Recommended: 100 GB - 619 GB Free Space



Aspen® Breast



Supported OS

Minimum: Windows Server 2008 R2
Recommended: Windows Server 2016

Important: If SQL is on the same server as Aspen Breast, you must use Recommended requirements. Hard disk should be sized for 10 years or 100,000 procedures per year.

WORKSTATION REQUIREMENTS

Processor

Minimum: Core i3
Recommended: Core i5

Processor Speed

Minimum: 2.4 GHz - 4 cores
Recommended: 3.6 GHz - 4 cores

RAM

Minimum: 8 GB
Recommended: 32 GB or higher

Hard Drive

Minimum: 20 GB free space
Recommended: 20 GB or higher free space

Supported OS

Minimum: Windows 7
Recommended: Windows 10

NETWORK REQUIREMENTS

Bandwidth

Minimum: 100 MBPS (10/100 Ethernet)
Recommended: Gigabit 1000BASE-T Ethernet

Aspen™ Breast Workstation Permissions

Read & Execute/Read/Write access to local Aspen™ Breast directory.
Modify access to user's Documents & Settings directory
(i.e. c:\Users\AppData\Local\Mammography Reporting System 8

Aspen™ Breast Control Server Permissions

Read & Execute/Read/Write access for all Aspen™ Breast users to the Aspen™ Breast directory share.

SQL Database Permissions

At minimum, users must be assigned public SQL Server Role and db_dataReader, and db_dataWriter Database Roles, and have permission to execute Stored Procedures for the Aspen™ SQL database.

Administrators performing installation and upgrades must be assigned the dbcreator role on the SQL server and should have db_owner role for the Aspen™ Breast Database.

Network Requirements

Bandwidth: 3 MBPS is recommended for satisfactory response times.
Each user must have 50 kbs of bandwidth available on average.
Peak usage may require 200 kbs of bandwidth for processing large scale statistical reports.
Latency: Network latency must be no greater than 40 ms roundtrip.

Port Requirements

Aspen™ Breast clients require TCP ports 445 and 1433 to communicate with the Aspen™ Breast SQL and Control server. If integration with a digital review station or an HL7 interface is purchased, additional port requirements will be needed as well.

RIS/HIS Interface Permissions

Auto-interface must be setup with an account that has access to the network printers used for printing worksheets and Read & Execute/Read/Write the Aspen™ Breast server. Furthermore the account used to run the service should be setup in the Local Admin Group and this individual user or group should be added to the Local Security Policy under Log on as a Service.

SQL account must be assigned public SQL Server Role and db_dataReader, and db_dataWriter Database Roles for Aspen™ Breast database and have permission to execute Stored Procedures for the Aspen™ SQL database.

Remote Access Requirements

MRS requires VPN access and remote access to the console desktop of the Server that will be running the interface using one or



Aspen® Breast



more of the following methods:

- Symantec's PC Anywhere Version 10 or higher
- Remote Desktop Connection or Terminal Services
- VNC
- VPN
- GoToAssist (requires Internet connection and someone to initiate session)
- Point to Point (P2P) tunnel is available

E-mail Option Requirements

To implement e-mail, you must have an e-mail server that accepts mail via the SMTP protocol and allows for an e-mail account to access the mail server via the POP3 protocol.

The mail server software must be configured to allow for relaying of e-mail in one or both of the following conditions:

- for a single IP address
- for only those users/mail accounts that authenticate

A dedicated e-mail account must be created for Aspen™ Breast to use when sending e-mail. This allows Aspen™ Breast to interact with the mail server via a real e-mail account and provide security as only a single IP will be allowed by the server to relay e-mail.

Storage Requirements

Storage requirements vary for facilities depending on the volume of exams and if scanning into the Aspen database will occur. To determine storage requirements, you can estimate by multiplying the number of procedures by 80KB. If you scan multiple document (with high resolution) per patient multiply the number of procedures, you do by 650KB. Your hard disk should be sized for approximately 10 years worth of anticipated volume.

Test System Requirements

A Test version of Aspen™ Breast is allowed to be installed but this must reside on a separate server and separate workstation(s) and can only be used for testing purposes. Daily entry of production data is not supported.

Anti-Virus Exclusions

Servers hosting the Aspen™ Breast control server directory and interface need to have the following exclusions setup in the Anti-Virus software. Scanning these locations can cause performance issues and problems with the interface processing messages and writing to the database.

- "C:\Program Files (x86)\MRS Systems Inc\Aspen Interface Services\MRS6.Interface.exe"
- "C:\Program Files (x86)\Aspen Breast - Server\MRSMaintenanceService.exe"
- "C:\Program Files (x86)\MRS Systems Inc\MRS HL-7 Router\HL7Service.exe"
- C:\Program Files (x86)\Aspen Breast - Server
- C:\Program Files (x86)\MRS Systems Inc\Aspen Interface Services
- C:\Program Files (x86)\MRS Systems Inc\MRS HL-7 Router
- C:\Program Files (x86)\MRS Systems Inc\Aspen Breast

Other System Requirements

Virtual Server

The Aspen™ Breast software may be installed in a virtual environment. When configuring the virtual use the specifications in this document for the platform you are configuring.

Printer

- At least 1 printer for printing reports, letters and worksheets. This should be capable of producing 300 DPI or higher quality output and be fast enough to satisfy anticipated procedure volume.
- A laser printer is required if worksheet printing is desired.

Scanner

In order to use the Aspen™ Breast scanning feature the workstation will need to be connected to a scanner that has WIA compatible drivers.

Backup System

A backup device - magnetic tape, zip drive or other removable media type backup. We highly recommend that you back up all of your Aspen™ Breast data daily. If you do not already have a backup system in place, please contact your network consultant. Failure to backup your data may result in permanent data loss!

Virus scanners

If a Virus scanner is installed on the Aspen™ Breast server the Aspen™ Breast install folder needs to be excluded from scans. If this does not occur, it will interrupt the processing for the auto interface.

.Net Framework 4.0 is required to be installed and activated on the Aspen™ Breast Control Server and Aspen™ Breast Client workstations.

PO Number: 749-6748233C
 PO Date: 06/07/2018

Vendor:
 NRS SYSTEMS INC
 16900 33RD AVE
 SUITE #130
 LYNNWOOD, WA 98036
 Phone: 425-563-1767
 Fax: 12066336038

Ship To:
 749 CLARKSDALE CURAE STORES
 NORTHWEST MISSISSIPPI MEDICAL CTR
 1970 HOSPITAL DRIVE
 CLARKSDALE, MS 38614
 GLN:
 Phone: 662-524-3435 Fax: 662-524-3397


Bill To:
 749 902 CURAE ACCOUNTING
 NORTHWEST MISSISSIPPI MEDICAL CTR
 PO BOX 1218
 CLARKSDALE, MS 38614
 Phone: 662-624-3435 Fax:

Vendor Code: 620032307
PO Type: CAP
PO Status: Draft
Customer No:

Comment:
 CER# 749-18-102

Composed By: YATASHA MUSKIN
Terms: DISCRETIONARY 60 DAYS
FOB: DESTINATION
Delivery Date: 06/14/2018
Tax ID Number: 81-5084755

Line	Vendor Catalog	Mir Catalog	Order Quantity	Item Number	Description	Charge Dept. Sub-Ledger	Price Discount	Tax Amount Sub-Project	Ext. Price w/o Tax
1	N/A	Unknown	1 EA	[non-catalog]	ASPEN BREAST QA*	7491160041	\$ 7,110.00	\$0.00 1428-18-232	\$ 7,110.00
2	N/A	Unknown	1 EA	[non-catalog]	HL7 1-WAY INTERFACE INBOND	7491160041	\$ 4,500.00	\$0.00 1428-18-232	\$ 4,500.00
3	N/A	Unknown	1 EA	[non-catalog]	EQUIP REPORTING	7491160041	\$ 810.00	\$0.00 1428-18-232	\$ 810.00
PO Sub Total:									
							\$0		Purchase Order Total:
									\$12,420.00

Signature(s): 

Print Date: 06/07/2018 10:30AM
 Page: 1

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):**

<p><i>Creditor:</i> (6826705) MRS Systems, Inc. c/o David C. Neu K&L Gates LLP 925 4th Avenue, Suite 2900 Seattle, WA 98104</p>	<p>Claim No: 51 <i>Original Filed</i> Date: 01/22/2019 <i>Original Entered</i> Date: 01/22/2019</p>	<p><i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> admin <i>Modified:</i></p>
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Amount claimed: \$12420.00

History:

[Details](#) [51-1](#) 01/22/2019 Claim #51 filed by MRS Systems, Inc., Amount claimed: \$12420.00 (admin)

Description:

Remarks: (51-1) Account Number (last 4 digits):2307

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*	\$12420.00
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		