

Fill in this information to identify the case:Debtor 1 Amory Regional Physicians, LLC

Debtor 2 _____

(Spouse, if filing)

United States Bankruptcy Court MIDDLE DISTRICT OF TENNESSEECase number: 18-05680

FILED

U.S. Bankruptcy Court
MIDDLE DISTRICT OF TENNESSEE

1/21/2019

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>Airgas USA 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 <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? <u>Airgas USA LLC</u> Name <u>2015 Vaughn Rd, Bldg 400</u> <u>Kennesaw, GA 30144</u> Contact phone <u>770-590-6078</u> Contact email <u>brenda.hirth@airgas.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) _____ Name _____ Contact phone _____ Contact email _____
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? _____	

Official Form 410

Proof of Claim

page 1

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?	<div style="display: flex; justify-content: space-between;"><div><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:</div><div style="border-bottom: 1px solid black; width: 150px; text-align: right;">5919</div></div>
7. How much is the claim?	<div style="display: flex; justify-content: space-between;"><div style="width: 40%;">\$ <u>696.66</u></div><div style="width: 55%;">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).</div></div>
8. What is the basis of the claim?	<p>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.</p> <p><u>goods, services and Airgas assets not returned</u></p>
9. Is all or part of the claim secured?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</div><div style="width: 80%;">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: _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Basis for perfection:</div><div>_____</div></div> <p>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.)</p> <div style="display: flex; justify-content: space-between;"><div>Value of property:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is secured:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount of the claim that is unsecured:</div><div>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</div></div> <div style="display: flex; justify-content: space-between;"><div>Amount necessary to cure any default as of the date of the petition:</div><div>\$ _____</div></div> <div style="display: flex; justify-content: space-between;"><div>Annual Interest Rate (when case was filed)</div><div>_____ %</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div><div></div></div>
10. Is this claim based on a lease?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition.</div><div style="width: 100px; border-bottom: 1px solid black;"></div></div>
11. Is this claim subject to a right of setoff?	<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property:</div><div style="width: 300px; border-bottom: 1px solid black;"></div></div>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="checked" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) 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 1/21/2019
MM / DD / YYYY

/s/ Brenda D Hirth

Signature

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

Name	Brenda D Hirth		
	First name	Middle name	Last name
Title	Senior Bankruptcy Coordinator		
Company	Airgas USA LLC		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	2015 Vaughn Rd, Bldg 400		
	Number Street		
	Kennesaw, GA 30144		
Contact phone	City	State	ZIP Code
	770-590-6078	Email	brenda.hirth@airgas.com

AIRGAS, INC.
AIRGAS USA LLC - SOUTH DIVISION
AMORY REGIONAL PHYSICIANS
BANKRUPTCY FILING DATE 11/29/17

INVOICE DATE	INVOICE NUMBER	PROOF OF DELIVERY NUMBER	INVOICE AMOUNT	TYPE OF PRODUCT OR SERVICE
2/28/2018	9951553258		\$ 4.38	RENT
2/28/2018	9951552706		\$ 43.74	RENT
3/31/2018	9952260872		\$ 4.85	RENT
3/31/2018	9952260870		\$ 48.43	RENT
4/30/2018	9952958285		\$ 4.69	RENT
4/30/2018	9952958283		\$ 46.87	RENT
5/1/2018	9075645349	8075001903	\$ 60.13	GOODS
5/31/2018	9953658461		\$ 4.85	RENT
5/31/2018	9953658459		\$ 48.43	RENT
6/30/2018	9954347373		\$ 4.69	RENT
6/30/2018	9954347371		\$ 46.87	RENT
7/24/2018	9078557609	8077720262	\$ 83.52	GOODS
7/31/2018	9955038779		\$ 4.85	RENT
7/31/2018	9955036537		\$ 48.43	RENT
8/31/2018	9955720667		\$ 35.95	RENT
10/31/2018	9957097987		\$ 9.68	RENT
10/31/2018	9957098818		\$ 48.43	RENT
11/19/2018	9800522321		\$ 147.87	LOSS OF USE
	TOTAL		\$ 696.66	



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
02/28/2018	1225919	9951553258	03/30/2018	\$ 4.38

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1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

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BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995155325800000004387

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.		SOLD TO NUMBER		SHIP TO		INVOICE DATE		RENTAL PURCHASE ORDER NO.				TERMS	
9951553258		1225919		2652686		02/28/2018		RENT				NET 30	
MATERIAL / DESCRIPTION DOCUMENT / DATE				BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve													
				1	0	0	0	1	0	1	28	\$0.146/DAY	\$4.09 T
				1	0	0	0	1					\$4.09

Sales Tax: 0.29

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 4.38

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 2652686
HAMILTON HMA PHYSICIANS MANAGEMENT
40023 CROSS CREEK DR
HAMILTON MS 39746-8801

Case 3:18-lk-005680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1

Page 2
For charges or address
email to: sdv@airgas.com
or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
02/28/2018	1225919	9951552706	03/30/2018	\$ 43.74

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12259191995155270600000043749

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.					TERMS		
9951552706	1225919	1220856	02/28/2018	RENT					NET 30		
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve		10	0	0	0	10	0	10	280	\$0.146/DAY	\$40.88 T
		10	0	0	0	10					\$40.88

Sales Tax: 2.86

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 43.74

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

Case 3:18-bk-05680

Claim 13-1 Part 2

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of 25

Desc Attachment 1 Page 3

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Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
03/31/2018	1225919	9952260872	04/30/2018	\$ 4.85

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AMORY MS 38821-5519



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12259191995226087200000004858

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.					TERMS		
9952260872	1225919	2652686	03/31/2018	RENT					NET 30		
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve		1	0	0	0	1	0	1	31	\$0.146/DAY	\$4.53 T
		1	0	0	0	1					\$4.53

Sales Tax: 0.32

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 4.85

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 2652686
HAMILTON HMA PHYSICIANS MANAGEMENT
40023 CROSS CREEK DR
HAMILTON MS 39746-8801

Case 3:18-bk-005680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1 Page 4

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or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
03/31/2018	1225919	9952260870	04/30/2018	\$ 48.43

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12259191995226087000000048438

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.					TERMS		
9952260870	1225919	1220856	03/31/2018	RENT					NET 30		
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-O2-B Diss Valve		10	0	0	0	10	0	10	310	\$0.146/DAY	\$45.26 T
		10	0	0	0	10					\$45.26

Sales Tax: 3.17

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AMOUNT \$ 48.43

FOR WIRE TRANSFER PAYMENTS

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PNC Bank, ABA No 031000053



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SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
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AMORY MS 38821-5414

Case 3:18-bk-05680

Claim 13-1 Part 2

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of 25

Desc Attachment 1 Page 3

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CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
04/30/2018	1225919	9952958285	05/30/2018	\$ 4.69

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12259191995295828500000004694

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.					TERMS		
9952958285	1225919	2652686	04/30/2018	RENT					NET 30		
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve		1	0	0	0	1	0	1	30	\$0.146/DAY	\$4.38 T
		1	0	0	0	1					\$4.38

Sales Tax: 0.31

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 4.69

FOR WIRE TRANSFER PAYMENTS

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Acct No. 8606074182
PNC Bank, ABA No 031000053



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SHIP TO: 2652686
HAMILTON HMA PHYSICIANS MANAGEMENT
40023 CROSS CREEK DR
HAMILTON MS 39746-8801

Case 3:18-bk-05680

Claim 13-1 Part 2

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of 25

Desc Attachment 4 Page 6

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CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
04/30/2018	1225919	9952958283	05/30/2018	\$ 46.87

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12259191995295828300000046872

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INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.						TERMS	
9952958283	1225919	1220856	04/30/2018	RENT						NET 30	
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve											
		10	0	0	0	10	0	10	300	\$0.146/DAY	\$43.80 T
=====											
		10	0	0	0	10					\$43.80
=====											

Sales Tax: 3.07

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 46.87

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



an Air Liquide company

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

Case 3:18-lk-05680

Claim 13-1 Part 2

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of 25

Desc Attachment 1 Page 2

For charges or errors
email to: sdv@airgas.com
or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

STANDARD INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
05/01/2018	1225919	9075645349	05/31/2018	\$ 60.13

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SOLD BY AIRGAS USA, LLC (SO06)
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662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

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1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191907564534900000060135

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

ORDER NO.		INVOICE NO.		INVOICE DATE		SOLD TO NO.		SOLD TO NAME			
1068520906		9075645349		05/01/2018		1225919		AMORY HMA PHYSICIANS MANAGEMENT INC			
PO / RELEASE				ORDERED BY			SHIP VIA		PAYMENT TERMS		ORDER DATE
130-9167							ARGTRK		NET 30		04/25/2018
DELIVERY NO. / DESCRIPTION		MATERIAL NUMBER		QTY SHIP'D	UOM	QTY B/O	CYLINDER		UNIT PRICE	UOM	AMOUNT
							SHPD	RETD			
8075001903 NITROGEN		NI NFDEWARREFILL NF DEWAR REFILL		20	LT				2.81	LT	56.20 T
Sale subtotal:											56.20
</											



an Air Liquide company

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053

For change of address
email to: sdv_adrss@airgas.com



an Air Liquide company

DELIVERY ORDER

FOR LOCATION NEAREST YOU
VISIT WWW.AIRGAS.COM

SHIPPER:

AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS, MS 39702-6603
662-328-6563

SOLD BY:

AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS, MS 39702-6603
662-328-6563

DELIVERY ORDER # 8075001903

PAGE 1 OF 1

ORDER DATE: 04/25/2018

SCH SHIP DATE: 04/25/2018

PRINTED: 14:10 04/25/2018

SALES ORDER: 1068520906

SHIP TO: 1220856

ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY, MS 38821-5414 US
662-256-3564

SOLD TO: 1225919

AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY, MS 38821-5519 US

CUST PO # 130-9167

RELEASE #

ORD BY
ENT BY SCOTTHRASH

Order Type	Payment Terms	Incoterm	Route	Sales Office	Plant	Sales Org	Total Containers Ship	Return
Standard Order	NET 30	Airgas Truck	Airgas Truck	SO06	SO06	SO00		

Qty Shlp	UOM Type	HM Description & Hazard Class	Qty Order	Container Ship	Ret	Vol /Wt
20	LT	Line# 10 Material# NI NFDEWARREFILL NITROGEN NF DEWAR REFILL	20	0	0	

EMERGENCY CONTACT: 1-866-734-3438

PURCHASER AGREES TO OBTAIN SAFETY DATA SHEETS (SDS) FROM ONE OF THE FOLLOWING SOURCES: POINT OF PURCHASE, AIRGAS WEB SITE AT WWW.AIRGAS.COM OR BY CALLING THE ABOVE LISTED EMERGENCY CONTACT PHONE NUMBER AND SELECTING OPTION #3

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

AIRGAS PERSONNEL

DATE

T.O.D.

PLACARDS OFFERED

☐ ACCEPT ☐ REJECT

CUSTOMER MUST
INITIAL CHOICE

THIS AGREEMENT IS SUBJECT TO AIRGAS' STANDARD TERMS AND CONDITIONS
SEE REVERSE SIDE FOR IMPORTANT SAFETY INFORMATION.

ACCEPTED FOR
THE ABOVE
CUSTOMER

NAME
PLEASE PRINT

X *Trattall*

**INTERNAL USE ONLY**

Filled By	Staging Area	Total PKGS	Tracking / Pro Number	Freight Charges	Total Weight*
					0

Delivery # 8075001903





Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
05/31/2018	1225919	9953658461	06/30/2018	\$ 4.85

SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

Manage Your Account Online

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We accept



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995365846100000004857

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

TO ENSURE PROPER CREDIT, PLEASE RETURN THE OFFER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693											
INVOICE NO.	SOLD TO NUMBER	SHIP TO		INVOICE DATE		RENTAL PURCHASE ORDER NO.					TERMS
9953658461	1225919	2652686		05/31/2018		RENT					NET 30
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve											
		1	0	0	0	1	0	1	31	\$0.146/DAY	\$4.53 T
=====											
		1	0	0	0	1					\$4.53
=====											

Sales Tax: 0.32

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 4.85

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



an Air Liquide company

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 2652686
HAMILTON HMA PHYSICIANS MANAGEMENT
40023 CROSS CREEK DR
HAMILTON MS 39746-8801

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1 Page 10

For charges and/or
email to: sdiv_adm@airgas.com
or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
05/31/2018	1225919	9953658459	06/30/2018	\$ 48.43

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

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We accept



SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995365845900000048438

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.							TERMS
9953658459	1225919	1220856	05/31/2018	RENT							NET 30
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve											
		10	0	0	0	10	0	10	310	\$0.146/DAY	\$45.26 T
		10	0	0	0	10					\$45.26

Sales Tax: 3.17

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 48.43

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1

For check or cash payment, please email to: sdv_adm@airgas.com or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
06/30/2018	1225919	9954347373	07/30/2018	\$ 4.69

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

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We accept



SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519

AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609



12259191995434737300000004692

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO		INVOICE DATE	RENTAL PURCHASE ORDER NO.						TERMS
9954347373	1225919	2652686		06/30/2018	RENT						NET 30
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve											
		1	0	0	0	1	0	1	30	\$0.146/DAY	\$4.38 T
=====											
		1	0	0	0	1					\$4.38
=====											

Sales Tax: 0.31

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 4.69

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 2652686
HAMILTON HMA PHYSICIANS MANAGEMENT
40023 CROSS CREEK DR
HAMILTON MS 39746-8801

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1

For check or address
email to: sdv_bill@airgas.com
or call 678-903-7716

Page 12



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
06/30/2018	1225919	9954347371	07/30/2018	\$ 46.87

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Pay invoices, review order history, track shipping, and more!

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We accept



SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995434737100000046870

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.												SOLD TO NUMBER		SHIP TO		INVOICE DATE		RENTAL PURCHASE ORDER NO.						TERMS	
9954347371												1225919		1220856		06/30/2018		RENT						NET 30	
MATERIAL / DESCRIPTION DOCUMENT / DATE								BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE		PRICE							
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve												10	0	0	0	10	0	10	300	\$0.146/DAY		\$43.80 T			
												10	0	0	0	10						\$43.80			

Sales Tax: 3.07

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 46.87

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1 Page 19

For check deposits
email to: sdv_ausa@airgas.com
or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

STANDARD INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
07/24/2018	1225919	9078557609	08/23/2018	\$ 83.52

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

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We accept



SOLD BY AIRGAS USA, LLC (SO06)
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191907855760900000083524

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

ORDER NO.		INVOICE NO.		INVOICE DATE		SOLD TO NO.		SOLD TO NAME			
1070973038		9078557609		07/24/2018		1225919		AMORY HMA PHYSICIANS MANAGEMENT INC			
PO / RELEASE				ORDERED BY			SHIP VIA		PAYMENT TERMS		ORDER DATE
130-9222							ARGTRK		NET 30		07/18/2018
DELIVERY NO. / DESCRIPTION		MATERIAL NUMBER		QTY SHIP'D	UOM	QTY B/O	CYLINDER		UNIT PRICE	UOM	AMOUNT
							SHPD	RETD			
8077720262 NITROGEN		NI NFDEWARREFILL NF DEWAR REFILL		20	LT				2.81	LT	56.20 T
									Sale subtotal:		56.20
Delivery Flat Fee											21.86
									Sales Tax:		5.46

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



an Air Liquide company

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1 Page 14

For change of address
email to: sdlv_adrss@airgas.com



an Air Liquide company

DELIVERY ORDER

FOR LOCATION NEAREST YOU
VISIT WWW.AIRGAS.COM

SHIPPER:
AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS, MS 39702-6603
662-328-6563

SOLD BY:
AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS, MS 39702-6603
662-328-6563

DELIVERY ORDER # 8077720262
PAGE 1 OF 1
ORDER DATE: 07/18/2018
SCH SHIP DATE: 07/18/2018
PRINTED: 10:38 07/18/2018
SALES ORDER: 1070973038

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY, MS 38821-5414 US
662-258-3564

SOLD TO: 1225919
AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY, MS 38821-5519 US

CUST PO # 130-9222
RELEASE #
ORD BY
ENT BY SCOTTHRASH

Order Type	Payment Terms	Incoterm	Route	Sales Office	Plant	Sales Org	Total Containers Ship	Return
Standard Order	NET 30	Airgas Truck	Airgas Truck	SO06	SO06	SO00		

Qty Ship	UOM Type	HM Description & Hazard Class	Qty Order	Container Ship	Ret	Vol /Wt
20	LT	Line# 10 Material# NI NFDEWARREFILL NITROGEN NF DEWAR REFILL	20	0	0	
4	CL	X UN1072 OXYGEN, COMPRESSED 2.2, (5.1) Line# 20 Material# OX USPEAWBDS Stor. Loc. F001 OXYGEN USP SIZE EA WITH WALK-O2-BOUT REG/DISS INTEGRATED VALVE/REGULATOR	4	4	0	96 SCF 39.144 LB

EMERGENCY CONTACT: 1-866-734-3438

PURCHASER AGREES TO OBTAIN SAFETY DATA SHEETS (SDS) FROM ONE OF THE FOLLOWING SOURCES: POINT OF PURCHASE, AIRGAS WEB SITE AT WWW.AIRGAS.COM OR BY CALLING THE ABOVE LISTED EMERGENCY CONTACT PHONE NUMBER AND SELECTING OPTION #3

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

Kirk Brand 7/24/18
AIRGAS PERSONNEL DATE T.O.D.

PLACARDS OFFERED

☐ ACCEPT ☐ REJECT

CUSTOMER MUST
INITIAL CHOICE

THIS AGREEMENT IS SUBJECT TO AIRGAS' STANDARD TERMS AND CONDITIONS SEE REVERSE SIDE FOR IMPORTANT SAFETY INFORMATION.

ACCEPTED FOR
THE ABOVE
CUSTOMER

X Ali Brown

NAME
PLEASE PRINT



INTERNAL USE ONLY

Filled By	Staging Area	Total PKGS	Tracking / Pro Number	Freight Charges	Total Weight*
					39 LB

Delivery # 8077720262





Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
07/31/2018	1225919	9955038779	08/30/2018	\$ 4.85

Manage Your Account Online

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We accept



SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995503877900000004850

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.						TERMS	
9955038779	1225919	2652686	07/31/2018	RENT						NET 30	
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve											
		1	0	0	0	1	0	1	31	\$0.146/DAY	\$4.53 T
=====											
		1	0	0	0	1					\$4.53
=====											

Sales Tax: 0.32

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 4.85

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 2652686
HAMILTON HMA PHYSICIANS MANAGEMENT
40023 CROSS CREEK DR
HAMILTON MS 39746-8801

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1

For changes of address
email to: sdw.5000@airgas.com
or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
07/31/2018	1225919	9955036537	08/30/2018	\$ 48.43

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

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We accept



SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995503653700000048430

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.					TERMS		
9955036537	1225919	1220856	07/31/2018	RENT					NET 30		
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve		10	0	0	0	10	0	10	310	\$0.146/DAY	\$45.26 T
		10	0	0	0	10					\$45.26

Sales Tax: 3.17

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 48.43

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

Case 3:08-bk-05680

Claim 13-1 Part 2

Filed 01/21/19
of 25

Desc Attachment 1 Page 17

For check or cash payment
email to: sdv_4000@airgas.com
or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
08/31/2018	1225919	9955720667	09/30/2018	\$ 48.43

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

Go to: airgas.com/onlinebillpay

We accept



SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995572066700000048436

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.						TERMS
9955720667	1225919	1220856	08/31/2018	RENT						NET 30
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve	10	0	0	0	10	0	10	310	\$0.146/DAY	\$45.26 T
	10	0	0	0	10					\$45.26

Sales Tax: 3.17

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 48.43

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



an Air Liquide company

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19

Desc Attachment 1

For check or cash payment, please call 800-727-0693 or email to: sdv@airgas.com or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
10/31/2018	1225919	9957097987	11/30/2018	\$ 9.68

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

Go to: airgas.com/onlinebillpay

We accept



SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519

AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995709798700000009680

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.						TERMS	
9957097987	1225919	1220688	10/31/2018	RENT						NET 30	
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve											
		2	0	0	0	2	0	2	62	\$0.146/DAY	\$9.05 T
=====											
		2	0	0	0	2					\$9.05
=====											

Sales Tax: 0.63

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 9.68

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



an Air Liquide company

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220688
ATTN TINA WATHEN
AMORY PRIMARY MEDICINE CLINIC
1107 EARL FRYE BLVD STE 6
AMORY MS 38821-5519

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19

Desc Attachment 1

Page 19

For check or credit card payment, please call 800-727-0693
email to: sdv_invo@airgas.com
or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
10/31/2018	1225919	9957098818	11/30/2018	\$ 48.43

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

Go to: airgas.com/onlinebillpay

We accept



SOLD BY AIRGAS USA, LLC
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MANAGEMENT INC
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191995709881800000048436

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO. 9957098818												SOLD TO NUMBER 1225919												SHIP TO 1220856				INVOICE DATE 10/31/2018				RENTAL PURCHASE ORDER NO. RENT												TERMS NET 30			
MATERIAL / DESCRIPTION												BEG BAL				SHIP		RETURN		ADJ		END BAL		LEASES		SUBJECT TO RENT		NET DAYS		RATE		PRICE															
RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve												10				0		0		0		10		0		10		310		\$0.146/DAY		\$45.26 T															
												10				0		0		0		10										\$45.26															

Sales Tax: 3.17

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 48.43

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053



an Air Liquide company

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC
404 9TH AVE S
AMORY MS 38821-5414

Case 3:18-bk-05680

Claim 13-1 Part 2

Filed 01/21/19

Desc Attachment 1

Page 20

For check or credit card
email to: sddiv_adm@airgas.com
or call 678-903-7716



Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

DEBIT MEMO

06

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
11/19/2018	1225919	9800522321	12/19/2018	\$ 147.87

SOLD BY AIRGAS USA, LLC (SO06)
1424 GARDNER BLVD
COLUMBUS MS 39702-6603
662-328-6563

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

Go to: airgas.com/onlinebillpay

We accept



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO AMORY HMA PHYSICIANS MGMT*DNU*
SEE 3801658
1107 EARL FRYE BLVD STE 4
AMORY MS 38821-5519



AIRGAS USA, LLC
PO BOX 532609
ATLANTA GA 30353-2609

12259191980052232100000147873

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

ORDER NO.		INVOICE NO.		INVOICE DATE		SOLD TO NO.		SOLD TO NAME			
7058996121		9800522321		11/19/2018		1225919		AMORY HMA PHYSICIANS MGMT*DNU*			
PO / RELEASE				ORDERED BY			SHIP VIA		PAYMENT TERMS		ORDER DATE
BILLING LOSS OF USE									NET 30		11/19/2018
DELIVERY NO. / DESCRIPTION		MATERIAL NUMBER		QTY SHIP'D	UOM	QTY B/O	CYLINDER		UNIT PRICE	UOM	AMOUNT
							SHPD	RETD			
7058996121 CY-OX USPEAWBDS				1	CL				138.20	CL	138.20 T
CYL OXYGEN USP MEDICAL PURE EA CGA VIPR											
LOSS OF USE											
Sale subtotal:											138.20
Sales Tax: 9.67											



an Air Liquide company

Airgas USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC*BKR*DNU*
SEE 3882922
404 9TH AVE S

AMOUNT	147.87
--------	--------

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 8606074182
PNC Bank, ABA No 031000053

For change of address
email to: sdv_adrss@airgas.com



CYLINDER COUNT SHEET

FOR LOCATION NEAREST YOU
VISIT WWW.AIRGAS.COM

SHIP TO: 1220856
ATTN WANDA TUBB
FAMILY MEDICINE CLINIC*BKR*DNU*
SEE 3882922
404 9TH AVE S
AMORY, MS 38821-5414
T: 662-256-3564

Audit #	
Date	
Page	1 OF 1
Sales Office	SO06
Sold To	1225919
Printed	11/06/2018 10:37

Did a delivery occur on the audit date? Yes / No
If yes, was the delivery before or after the audit? Before / After

CONTACT:

Material	Material Description	Serial #	Qty	Audit Count	Net Difference
CY-OX:USPEAWBDS	CYL OXYGEN USP MEDICAL PURE EA CGA VIPR		10	9	-1
Cylinder Totals		0	10	9	

CYLINDER POLICY: Cylinders are loaned, rented or leased to the customer by Airgas USA, LLC ("Airgas"), they are not sold. All cylinders and fittings are to be returned to Airgas in good condition and repair. Customers are not authorized to sell or loan cylinders furnished to them by Airgas. Periodic cylinder audits will be conducted by Airgas at the customer's locations. Should a discrepancy be noted, Airgas will adjust the customer record to reflect the physical count, pending a thorough investigation of the cylinder transaction history. Should this investigation determine that the cylinders have not been returned, the customer may be assessed charges for rental and loss of use. These charges compensate Airgas for the loss of an asset, as well as the loss of revenue associated with cylinder rentals and leases. The payment of this charge does not transfer title of the asset. If the cylinders are recovered, they must be returned to Airgas.

AUDIT CERTIFICATION

AIRGAS: I certify that the above audit was completed on this date in the presence of the customer listed below. I further certify that the customer has received a copy of this form.

Name Jason Caddle Title Account Manager Date 11-14-18

CUSTOMER: I certify that the above audit was conducted on this date and I agree with the physical count listed. I have read and understand the company's policy on cylinders and the outcome of this audit.

Name Wanda Tubb Title _____ Date 11-14-18

Comments: _____



an Air Liquide company

CYLINDER COUNT SHEET

FOR LOCATION NEAREST YOU
VISIT WWW.AIRGAS.COM

SHIP TO: 1220688
ATTN TINA WATHEN
AMORY PRIMARY MEDICINE*BKR*DNU*
SEE 3882918
1107 EARL FRYE BLVD STE 6
AMORY, MS 38821-5519
T: 662-256-9327

Audit #	
Date	
Page	1 OF 1
Sales Office	SO06
Sold To	1225919
Printed	11/06/2018 10:35

Did a delivery occur on the audit date? Yes / No
If yes, was the delivery before or after the audit? Before / After

CONTACT:

Material	Material Description	Serial #	Qty	Audit Count	Net Difference
CY-OX USPEAWBDS	CYL OXYGEN USP MEDICAL PURE EA CGA VIPR		2	2	
Cylinder Totals		0	2	2	

CYLINDER POLICY: Cylinders are loaned, rented or leased to the customer by Airgas USA, LLC ("Airgas"), they are not sold. All cylinders and fittings are to be returned to Airgas in good condition and repair. Customers are not authorized to sell or loan cylinders furnished to them by Airgas. Periodic cylinder audits will be conducted by Airgas at the customer's locations. Should a discrepancy be noted, Airgas will adjust the customer record to reflect the physical count, pending a thorough investigation of the cylinder transaction history. Should this investigation determine that the cylinders have not been returned, the customer may be assessed charges for rental and loss of use. These charges compensate Airgas for the loss of an asset, as well as the loss of revenue associated with cylinder rentals and leases. The payment of this charge does not transfer title of the asset. If the cylinders are recovered, they must be returned to Airgas.

AUDIT CERTIFICATION

AIRGAS: I certify that the above audit was completed on this date in the presence of the customer listed below. I further certify that the customer has received a copy of this form.

Name: Donna Criddle Title: Account Manager Date: 11-14-18

CUSTOMER: I certify that the above audit was conducted on this date and I agree with the physical count listed. I have read and understand the company's policy on cylinders and the outcome of this audit.

Name: Dward Title: Om Date: 11-14-18

Comments: _____



an Air Liquide company

CYLINDER COUNT SHEET

FOR LOCATION NEAREST YOU
VISIT WWW.AIRGAS.COM

SHIP TO: 1220857
AMORY PEDIATRIC CLINIC*BKR*DNU*
SEE 3882916
MISTY SWINDLE
1107 EARL FRYE BLVD STE 5
AMORY, MS 38821-5519
T: 662-257-6705

Audit #	
Date	
Page	1 OF 1
Sales Office	SO06
Sold To	1225919
Printed	11/06/2018 10:35

Did a delivery occur on the audit date? Yes / No
If yes, was the delivery before or after the audit? Before / After

CONTACT:

Material	Material Description	Serial #	Qty	Audit Count	Net Difference
CY-OX USPEAWBDS	CYL OXYGEN USP MEDICAL PURE EA CGA VIPR		1	1	
Cylinder Totals		0	1	1	

CYLINDER POLICY: Cylinders are loaned, rented or leased to the customer by Airgas USA, LLC ("Airgas"), they are not sold. All cylinders and fittings are to be returned to Airgas in good condition and repair. Customers are not authorized to sell or loan cylinders furnished to them by Airgas. Periodic cylinder audits will be conducted by Airgas at the customer's locations. Should a discrepancy be noted, Airgas will adjust the customer record to reflect the physical count, pending a thorough investigation of the cylinder transaction history. Should this investigation determine that the cylinders have not been returned, the customer may be assessed charges for rental and loss of use. These charges compensate Airgas for the loss of an asset, as well as the loss of revenue associated with cylinder rentals and leases. The payment of this charge does not transfer title of the asset. If the cylinders are recovered, they must be returned to Airgas.

AUDIT CERTIFICATION

AIRGAS: I certify that the above audit was completed on this date in the presence of the customer listed below. I further certify that the customer has received a copy of this form.

James Criddle Account Manager 11-14-18
Name Title Date

CUSTOMER: I certify that the above audit was conducted on this date and I agree with the physical count listed. I have read and understand the company's policy on cylinders and the outcome of this audit.

Michael Hamlin AN 11/14/18
Name Title Date

Comments: _____



an Air Liquide company

CYLINDER COUNT SHEET

FOR LOCATION NEAREST YOU
VISIT WWW.AIRGAS.COM

SHIP TO: 2652686
HAMILTON HMA PHYSICIANS*BKR*DNU*
SEE 3882921
40023 CROSS CREEK DR
HAMILTON, MS 39746-8801
T: 662-343-5299

Audit #	
Date	
Page	1 OF 1
Sales Office	SO06
Sold To	1225919
Printed	11/06/2018 10:36

Did a delivery occur on the audit date? Yes / No
If yes, was the delivery before or after the audit? Before / After

CONTACT:

Material	Material Description	Serial #	Qty	Audit Count	Net Difference
CY-OX USPEAWBDS	CYL OXYGEN USP MEDICAL PURE EA CGA VIPR		1	1	
Cylinder Totals		0	1	1	

CYLINDER POLICY: Cylinders are loaned, rented or leased to the customer by Airgas USA, LLC ("Airgas"), they are not sold. All cylinders and fittings are to be returned to Airgas in good condition and repair. Customers are not authorized to sell or loan cylinders furnished to them by Airgas. Periodic cylinder audits will be conducted by Airgas at the customer's locations. Should a discrepancy be noted, Airgas will adjust the customer record to reflect the physical count, pending a thorough investigation of the cylinder transaction history. Should this investigation determine that the cylinders have not been returned, the customer may be assessed charges for rental and loss of use. These charges compensate Airgas for the loss of an asset, as well as the loss of revenue associated with cylinder rentals and leases. The payment of this charge does not transfer title of the asset. If the cylinders are recovered, they must be returned to Airgas.

AUDIT CERTIFICATION

AIRGAS: I certify that the above audit was completed on this date in the presence of the customer listed below. I further certify that the customer has received a copy of this form.

Name Sharon Caddie Title Account Manager Date 11-14-18

CUSTOMER: I certify that the above audit was conducted on this date and I agree with the physical count listed. I have read and understand the company's policy on cylinders and the outcome of this audit.

Name Genea Stevens Title _____ Date 11-14-18

Comments: _____

MIDDLE DISTRICT OF TENNESSEE

Claims Register

3:18-bk-05680 Amory Regional Physicians, LLC

Judge: Charles M Walker

Chapter: 11

Office: Nashville

Last Date to file claims:

Trustee:

Last Date to file (Govt):

Creditor: (6825997)
Airgas USA LLC
2015 Vaughn Rd, Bldg 400
Kennesaw, GA 30144

Claim No: 13
Original Filed
Date: 01/21/2019
Original Entered
Date: 01/21/2019

Status:
Filed by: CR
Entered by: admin
Modified:

Amount claimed: \$696.66

History:

[Details](#) [13-1](#) 01/21/2019 Claim #13 filed by Airgas USA LLC, Amount claimed: \$696.66 (admin)

Description:

Remarks: (13-1) Account Number (last 4 digits):5919

Claims Register Summary

Case Name: Amory Regional Physicians, LLC

Case Number: 3:18-bk-05680

Chapter: 11

Date Filed: 08/24/2018

Total Number Of Claims: 1

Total Amount Claimed*	\$696.66
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		