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 TENNESSEE
Case number: 18_05680

**FILED** 

U.S. Bankruptcy Court MIDDLE DISTRICT OF TENNESSEE

1/21/2019

**MATTHEW T. LOUGHNEY, Clerk** 

page 1

Official Form 410
Proof of Claim

Official Form 410

04/16

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

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

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

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

Part 1: Identify the Clair	n					
1.Who is the current creditor?	Airgas USA 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	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
creditor be sent?	Airgas USA LLC	· 				
Federal Rule of	Name	Name				
Bankruptcy Procedure (FRBP) 2002(g)	2015 Vaughn Rd, Bldg 400 Kennesaw, GA 30144					
	Contact phone	Contact phone				
	Contact email <u>brenda.hirth@airgas.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?	<ul><li>☑ No</li><li>☐ Yes. Claim number on court claims registry (if known</li></ul>	n) Filed on				
		MM / DD / YYYY				
5.Do you know if anyone else has filed a proof of claim for this claim?	<ul><li>✓ No</li><li>☐ Yes. Who made the earlier filing?</li></ul>					

Proof of Claim

6.Do you have any number you use to identify the debtor?	□	No Yes. Last 4 digits of the debtor's acc	count or any number you use	to identify the debtor:	5919
7.How much is the claim?	\$		oes this amount includ	e interest or other cha	arges?
			Yes. Attach statement other charges required	itemizing interest, fees, by Bankruptcy Rule 30	, expenses, or 001(c)(2)(A).
3.What is the basis of the claim?	dea Bar	amples: Goods sold, money loa hth, or credit card. Attach redac hkruptcy Rule 3001(c). hit disclosing information that is	ted copies of any docum	ents supporting the cla	nim required by
	god	ods, services and Airgas assets	s not returned		
9. Is all or part of the claim secured?		No Yes. The claim is secured by a Nature of property: Real estate. If the claim Proof of Cl. Motor vehicle Other. Describe:	lien on property. is secured by the debto aim Attachment (Official	r's principal residence, Form 410–A) with this	file a Mortgage Proof of Claim.
		Basis for perfection:			
		Attach redacted copies of do interest (for example, a mort document that shows the lier	gage, lien, certificate of t	itle, financing statemer	on of a security nt, or other
		Value of property:	\$		
		Amount of the claim that is secured:	\$		
		Amount of the claim that is unsecured:	\$	ùnsecured	of the secured and amounts should amount in line 7.)
		Amount necessary to cure date of the petition:	any default as of the	\$	
		Annual Interest Rate (when	case was filed)	<u></u> %	
		☐ Fixed ☐ Variable			
0.Is this claim based on a lease?		No Yes. <b>Amount necessary to</b>	cure any default as of	the date of the petitio	n.\$
11.Is this claim subject to a right of setoff?	<b>V</b>	No Yes. Identify the property:			

Official Form 410 Proof of Claim page 2

12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<b>Y</b>	No Yes. Check all that apply:		Amount entitled to priority
A claim may be partly priority and partly		☐ Domestic support obligation under 11 U.S.C. § 507(a)(	ons (including alimony and child support)	\$
nonpriority. For example in some categories, the law limits the amount entitled to priority.		☐ Up to \$2,850* of deposits to property or services for per U.S.C. § 507(a)(7).	roward purchase, lease, or rental of rsonal, family, or household use. 11	\$
onuted to phoney.		☐ Wages, salaries, or commi 180 days before the bankri	issions (up to \$12,850*) earned within uptcy petition is filed or the debtor's is earlier. 11 U.S.C. § 507(a)(4).	\$
			o governmental units. 11 U.S.C. §	\$
		☐ Contributions to an employ	vee benefit plan. 11 U.S.C. § 507(a)(5).	\$
		☐ Other. Specify subsection	of 11 U.S.C. § 507(a)(_) that applies	\$
		* Amounts are subject to adjustment of adjustment.	t on 4/01/19 and every 3 years after that for case	es begun on or after the date
Part 3: Sign Below				
The person completing this proof of claim must	Che	ck the appropriate box:		
sign and date it. FRBP 9011(b).		I am the creditor.		
If you file this claim	_	I am the creditor's attorney or	•	
electronically, FRBP 5005(a)(2) authorizes courts			r, or their authorized agent. Bankruptcy	
to establish local rules		I am a guarantor, surety, endo	orser, or other codebtor. Bankruptcy Rul	le 3005.
specifying what a signature is.	the ar	mount of the claim, the creditor gave	on this Proof of Claim serves as an acknowledg the debtor credit for any payments received tow	ard the debt.
A person who files a fraudulent claim could be		e examined the information in this Prescrect.	oof of Claim and have a reasonable belief that the	ne information is true
fined up to \$500,000, imprisoned for up to 5	I decl	are under penalty of perjury that the	foregoing is true and correct.	
years, or both. 18 U.S.C. §§ 152, 157 and				
3571.	Exe	cuted on date <u>1/21/2019</u>		
		MM / DD / `	YYYY	
	/s/ E	Brenda D Hirth		
	Signa	ature		
	Print	the name of the person who i	s completing and signing this claim:	
	Nam	ne	Brenda D Hirth	
			First name Middle name Last name	
	Title		Senior Bankruptcy Coordinator	
	Com	npany	Airgas USA LLC	
			Identify the corporate servicer as the company is servicer	f the authorized agent is a
	Add	ress	2015 Vaughn Rd, Bldg 400	
			Number Street	
			Kennesaw, GA 30144	_
			City State ZIP Code	
	Con	tact phone $770-590-6078$	Email brenda.hirth@ai	irgas.com

Official Form 410 Proof of Claim page 3

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

		PROOF OF		TYPE OF
INVOICE	INVOICE	DELIVERY	INVOICE	PRODUCT OR
DATE	NUMBER	NUMBER	AMOUNT	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	



CYLINDER RENTAL INVOICE

INVOICE DATE 02/28/2018 1225919 9951553258 03/30/2018 \$ 4.38

SOLD BY

AIRGAS USA, LLC 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

վայիարհարդիակինի հիմինի հիմի հուրաբույլում

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

#### 12259191995155325800000004387

INVOICE NO.	R CREDIT, PLEASE RETURNS SOLD TO NUMBER	SHIP TO	0	INVOICE	DATE				HASE ORDER		TERMS
9951553258	1225919	265268	36	02/28/2	018	RENT					NET 30
	AL / DESCRIPTION UMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL		SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS	S - Rent Cyl Me	d W-02-B	Diss 0	Valve 0	0	1	0	1	28	\$0.146/DAY	\$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** FOR WIRE TRANSFER PAYMENTS

\$ 4.38

an Air Liquide company

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

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

Airgas USA, LLC PO Box 9249 Marie 3068-12k905680

Claim 13-1 Part 2

Filed 01/21/19 of 25

Desc Attachment For challenge fred Posson or call 678-903-7716



CYLINDER RENTAL INVOICE

INVOICE DATE PAYER INVOICE NO. DIJE DATE PAY THIS AMO

INVOICE NO. DUE DATE 9951552706 03/30/2018

PAY THIS AMOUN \$ 43.74

SOLD BY

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1225919

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02/28/2018





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BILL TO

AMORY HMA PHYSICIANS MANAGEMENT INC 1107 EARL FRYE BLVD STE 4

AMORY MS 38821-5519

վենկինդինակակնկինիկինիկինի բրորդակիայն

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

12259191995155270600000043749

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

AIRGAS USA, LLC Acct No. 8606074182

FOR WIRE TRANSFER PAYMENTS

PNC Bank, ABA No 031000053

\$ 43.74

Airgas.
an Air Liquide company

Airgas USA, LLC

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

Filed 01/21/19

Desc Attachment For char Page 18 some or call 678-903-7716

Filed 01/21/19 of 25

PO Box 9249 Maridua See 30168-12ke 05680 Claim 13-1 Part 2



BILL TO

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

INVOICE DATE 03/31/2018 1225919 9952260872 04/30/2018 \$ 4.85

AMORY HMA PHYSICIANS MANAGEMENT INC

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

1107 EARL FRYE BLVD STE 4

AMORY MS 38821-5519

662-328-6563

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վենկինգրյութվիլելիկիկիկիկինգերիութգիլեզ

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

12259191995226087200000004858

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 9952260872 1225919 2652686 03/31/2018 RENT **NET 30** MATERIAL / DESCRIPTION SUBJECT BEG BAL NET DAYS RETURN ADJ **END BAL** LEASES RATE PRICE DOCUMENT / DATE TO RENT RRCYLMWBDSS - Rent Cyl Med W-O2-B Diss Valve 0 1 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** FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC Acct No. 8606074182

PNC Bank, ABA No 031000053

\$ 4.85

Airgas USA, LLC

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

HAMILTON HMA PHYSICIANS MANAGEMENT

Desc Attachment For chair and Cairgas.com or call 678-903-7716

PO Box 9249 Mari (#a, Se. 30168-12ke) 05680

Claim 13-1 Part 2

Filed 01/21/19 of 25



CYLINDER RENTAL INVOICE

INVOICE DATE PAY THIS AMOUNT 03/31/2018 1225919 9952260870 04/30/2018 \$ 48.43

SOLD BY AIRGAS USA, LLC

1424 GARDNER BLVD COLUMBUS MS 39702-6603

662-328-6563

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AMORY HMA PHYSICIANS MANAGEMENT INC BILL TO

1107 EARL FRYE BLVD STE 4 AMORY MS 38821-5519

լինժիժովընտիրերինինինի || թոլիարինինի

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

#### 12259191995226087000000048438

INVOICE NO.	SOLD TO NUMBER	SHIP TO	)	INVOICE	DATE		RENT	AL PURC	HASE ORDER	RNO.	TERMS
9952260870	1225919	122085	6	03/31/2	018			R	ENT		NET 30
The second second	AL / DESCRIPTION UMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDSS	S - Rent Cyl Me	d W-02-B 10	Diss 0	Valve 0	0	10	0	10	310	\$0.146/DAY	\$45.26
	n. 66 law 34 142 we 40 40 40 40 40 10 10 10 10 10 10	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** 

AIRGAS USA, LLC Acct No. 8606074182

FOR WIRE TRANSFER PAYMENTS

PNC Bank, ABA No 031000053

\$ 48.43

an Air Liquide company

Airgas USA, LLC

PO Box 9249 Mari @asa 3016-bk905680

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

Desc Attachment For charge of address air gas.com or call 678-903-7716

Claim 13-1 Part 2

Filed 01/21/19 of 25



AMORY HMA PHYSICIANS MANAGEMENT INC

CYLINDER RENTAL INVOICE

INVOICE DATE INVOICE NO. 04/30/2018 1225919 9952958285

05/30/2018

\$4.69

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BILL TO

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

1107 EARL FRYE BLVD STE 4

AMORY MS 38821-5519

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

12259191995295828500000004694

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

\$ 4.69

an Air Liquide company

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

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

Airgas USA, LLC PO Box 9249 Marie (1:20,50 31068-20 kg 05680

Claim 13-1 Part 2

Filed 01/21/19 of 25

Desc Attachment of charge age of call 678-903-7716



AIRGAS USA, LLC

662-328-6563

1424 GARDNER BLVD

COLUMBUS MS 39702-6603

SOLD BY

BILL TO

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

INVOICE DATE 04/30/2018 1225919 9952958283 05/30/2018 \$ 46.87

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#### PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

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1107 EARL FRYE BLVD STE 4 AMORY MS 38821-5519

վուղիկաիրհակներիկիի իրկանությունը մ AIRGAS USA, LLC

PO BOX 532609 ATLANTA GA 30353-2609

#### 12259191995295828300000046872

INVOICE NO.	SOLD TO NUMBER	SHIP T	2	INVOICE	DATE	Le UGA			HASE ORDER	ASE CALL: 800-727-0	TERMS
9952958283 1225919 1220856 04/30/2018 RENT								NET 30			
	AL / DESCRIPTION UMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMWBDS	S - Rent Cyl M	ed W-02-B 10	Diss 0	Valve 0	0	10	0	10	300	\$0.146/DAY	\$43.80
		10	0	0	0	10			======		======================================

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** FOR WIRE TRANSFER PAYMENTS

\$ 46.87

an Air Liquide company

Airgas USA, LLC

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

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

PO Box 9249 Marie 3068-12k905680 Claim 13-1 Part 2

Filed 01/21/19 of 25

Desc Attachment of charles are directed or call 678-903-7716



STANDARD INVOICE

INVOICE DATE PAY THIS AMOUNT 9075645349 05/01/2018 1225919 05/31/2018 \$ 60.13

SOLD BY

AIRGAS USA, LLC (SO06) 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

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

12259191907564534900000060135

TO ENSURE PROPER O	CREDI	I, PLEASE RETURN THE UPP INVOICE NO.	PER PORTION WITH		TANCE, FOR	QUEST	ONS ON Y		SE CALL: 800-7	27-0693	
1068520906	5	9075645349	05/01/2018		25919		AMORY HMA PHYSICIANS MANAGEMENT INC				
PO	/ REL	EASE	ORDERE	DBY		SHIP VI	A	PAYME	NT TERMS	ORDER DATE	
1	130-9167			A	RGTR	RK	NE	04/25/2018			
DELIVERY NO. / DESCRIPTION	180	MATERIAL NUMBER	QTY	иом	QTY B/O		NDER	UNIT PRICE	UOM	AMOUNT	
8075001903	NT	NFDEWARREFILL	SHIP'D	20 LT	1231,78	SHP'D	RETD	2.81	LT	56.20 T	
NITROGEN			2	.0 11				2.01	пı	30.20 1	

Sale subtotal:

56.20

SHIP TO: 1220856 ATTN WANDA TUBB

Airgas USA, LLC
PO Box 9249
Maridua 56 30169-10kg 05680

an Air Liquide company

404 9TH AVE S AMORY MS 38821-5414 Claim 13-1 Part 2

FAMILY MEDICINE CLINIC

Filed 01/21/19 of 25

Acct No. 8606074182 PNC Bank, ABA No 031000053

Desc Attachment 1 Page 8 email to: sdiv\_adrss@airgas.com

Sales Tax:

3.93 60.13

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC

**AMOUNT** 

an Air Liquide company

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

SHIP TO: 1220856 ATTN WANDA TUBB FAMILY MEDICINE CLINIC 404 9TH AVE S AMORY, MS 38821-5414 US 662-256-3564

Payment Terms

Order Type

## **DELIVERY ORDER**

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

Incoterm

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

Route

FOR LOCATION NEAREST YOU ISIT WWW.AIRGAS.COM

**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

CUST PO # 130-9167

Sales

RELEASE # ORD BY

**ENT BY** 

Plant

Sales

SCOTTHRASH

**Total Containers** 

Order	Туре	Payment T	erms	Incoterm		Route	Office	Plant	)	rg	Ship	Containers Return
	ndard Irder	NET 30	0	Airgas Truck		Airgas Truck	SO06	SO06	10.0	000		
Qty Ship	UOM Type	HM Description	on & Hazar	d Class				Qt			ntainer	Vol
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BILL TO

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

 INVOICE DATE
 PAYER
 INVOICE NO.
 DUE DATE
 PAY THIS AMOUN

 05/31/2018
 1225919
 9953658461
 06/30/2018
 \$ 4.85

AMORY HMA PHYSICIANS MANAGEMENT INC

SOLD BY AIRGAS USA, LLC 1424 GARDNER BLVD

COLUMBUS MS 39702-6603

1107 EARL FRYE BLVD STE 4

AMORY MS 38821-5519

662-328-6563

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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 SHIP TO INVOICE NO. SOLD TO NUMBER INVOICE DATE RENTAL PURCHASE ORDER NO TERMS 9953658461 1225919 2652686 05/31/2018 RENT **NET 30** MATERIAL / DESCRIPTION SHIP BEG BAL RETURN ADJ **END BAL** LEASES NET DAYS PRICE DOCUMENT / DATE RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve 1 0 0 0 1 0 1 31 \$0.146/DAY 0 0 0 1

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.

of 25

AMOUNT

AIRGAS USA, LLC

\$ 4.85

Airgas.
an Air Liquide company

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

IILTON MS 39746-8801 aim 13-1 Part 2 Filed 01/21/19 Acct No. 8606074182 PNC Bank, ABA No 031000053

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC
PO Box 9249
Mar 643 SeA 3: 108 5 12 14 0 5 6 8 0 Claim 13-1 Part 2

Desc Attachment for change of the solive adress arganics. or call 678-903-7716



CYLINDER RENTAL INVOICE INVOICE DATE

05/31/2018

9953658459 06/30/2018 \$ 48.43

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

12259191995365845900000048438

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INVOICE NO. | SOLD TO NUMBER | SHIP TO | INVOICE DATE | RENTAL PURCHASE ORDER NO. SOLD TO NUMBER SHIP TO INVOICE DATE RENTAL PURCHASE ORDER NO. **TERMS** 9953658459 1225919 1220856 05/31/2018 RENT **NET 30** MATERIAL / DESCRIPTION SUBJECT BEG BAL SHIP RETURN ADJ END BAL LEASES **NET DAYS** RATE PRICE DOCUMENT / DATE TO RENT RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve 10 0 0 0 10 0 10 310 \$0.146/DAY \$45.26 T 0 1.0 0 0 10 \$45.26

Sales Tax:

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**AMOUNT** 

AIRGAS USA, LLC Acct No. 8606074182 \$ 48.43

Airgas USA, LLC

PO Box 9249 Mar@aseA3310851214405680

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

Claim 13-1 Part 2

Filed 01/21/19

of 25

Desc Attachment for changing diffes or call 678-903-7716

FOR WIRE TRANSFER PAYMENTS

PNC Bank, ABA No 031000053



**BILL TO** 

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

INVOICE DATE 06/30/2018 1225919 9954347373 07/30/2018 \$4.69

AMORY HMA PHYSICIANS MANAGEMENT INC

AIRGAS USA, LLC 1424 GARDNER BLVD

COLUMBUS MS 39702-6603

1107 EARL FRYE BLVD STE 4

AMORY MS 38821-5519

662-328-6563

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

12259191995434737300000004692

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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 SUBJECT BEG BAL SHIP RETURN ADJ END BAL LEASES **NET DAYS** RATE PRICE DOCUMENT / DATE TO RENT RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve 1 0 0 0 1 0 1 30 \$4.38 T 0 1 0 0 \$4.38

Sales Tax:

0.31

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**AMOUNT** FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC Acct No. 8606074182 \$ 4.69

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

Airgas USA, LLC PO Box 9249 Mar Gas CA 33 1085 12 14 10 5 6 8 0

Claim 13-1 Part 2

Filed 01/21/19 of 25

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PNC Bank, ABA No 031000053



INVOICE DATE

PAYER 1225919

9954347371

07/30/2018

\$ 46.87

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#### 12259191995434737100000046870

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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 SUBJECT BEG BAL SHIP RETURN ADJ END BAL LEASES NET DAYS RATE PRICE DOCUMENT / DATE TO RENT RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve 10 0 0 0 10 0 10 \$0.146/DAY \$43.80 T \_\_\_\_\_ ----------------0 10 0 0 10 \$43.80

Sales Tax:

3.07

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AMOUNT

AIRGAS USA, LLC Acct No. 8606074182

FOR WIRE TRANSFER PAYMENTS

PNC Bank, ABA No 031000053

\$ 46.87

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Airgas USA, LLC

PO Box 9249 Mar**@ia.S@**A**3::0b85-121x+0**5680 SHIP TO: 1220856 ATTN WANDA TUBB FAMILY MEDICINE CLINIC 404 9TH AVE S AMORY MS 38821-5414

Filed 01/21/19

Desc Attachment for charge of each second or call 678-903-7716

Claim 13-1 Part 2

of 25



662-328-6563

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BILL TO

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

INVOICE DATE PAYER INVOICE NO. DUE DATE 07/24/2018 1225919 9078557609 08/23/2018

AIRGAS USA, LLC (SO06) 1424 GARDNER BLVD COLUMBUS MS 39702-6603

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AMORY MS 38821-5519

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

12259191907855760900000083524

ORDER NO.		INVOICE NO.	INVOICE	DATE		TO NO.				D TO NAME		
1070973038		9078557609	07/24/2	07/24/2018 1225				AMOR	ORY HMA PHYSICIANS MANAGEMENT II			
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Sale subtotal:

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PAY THIS AMOUNT

\$ 83.52

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Airgas.

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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

Sales Tax:

**AMOUNT** 

01/21/19 Desc Attachment 1 Page 14

For change of address
email to: sdlv\_adrss@airgas.com

Airgas USA, LLC
PO Box 9249
Maricial Sta 3:018-124-95680
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Claim 13-1 Part 2 Filed 01/21/19 of 25



an Air Liquide company

SHIPPER:

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

SHIP TO: 1220856 ATTN WANDA TUBB FAMILY MEDICINE CLINIC 404 9TH AVE S AMORY, MS 38821-5414 US 662-256-3564

### **DELIVERY ORDER**

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

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

FOR LOCATION NEAREST YOU VISIT WWW.AIRGAS.COM

**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

CUST PO # 130-9222 RELEASE#

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Order	Туре	Payment Terms	Incoterm	Route	Sales Office	Plant	Sales Org	Total C Ship	ontainers Return
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-4	<del>-ct</del>	X UN1072 OXYGEN, COM							96 SCF

\*OXYGEN USP SIZE EA WITH WALK-OZ-BOUT REG/DISS INTEGRATED 39.144 LB "VALVE/REGULATOR-

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Total Weight\* Staging Area Total PKGS Tracking / Pro Number Freight Charges

Delivery # 8077720262



CYLINDER RENTAL INVOICE

INVOICE DATE 07/31/2018 1225919 9955038779 08/30/2018

\$ 4.85

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AMORY MS 38821-5519

վուկիլությալ այդության անգորդություն կանհիկին և

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

#### 12259191995503877900000004850

INVOICE NO.	SOLD TO NUMBER	SHIP TO		INVOICE	DATE	ZES 01.03	RENTAL PURCHASE ORDER NO.			ASE CALL: 800-727-06	TERMS			
9955038779	1225919	265268	36	07/31/2018		RENT					NET 30			
	AL / DESCRIPTION UMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL		SUBJECT TO RENT	NET DAYS	RATE	PRICE			
RCYLMWBDSS	S - Rent Cyl Me	d W-02-B	Diss 0	Valve 0	0	1	0	1	31	\$0.146/DAY	\$4.53			
PA (AND AND AND AND AND AND AND AND AND AND		1	0	0	0	1					\$4.53			

Sales Tax:

0.32

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AIRGAS USA, LLC Acct No. 8606074182

FOR WIRE TRANSFER PAYMENTS

PNC Bank, ABA No 031000053

an Air Liquide company

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

Airgas USA, LLC PO Box 9249 Mar@aseA331085b2k405680 Claim 13-1 Part 2

Filed 01/21/19 of 25

Desc Attachment for change at address or call 678-903-7716

**AMOUNT** 

\$ 4.85



AMORY HMA PHYSICIANS MANAGEMENT INC

CYLINDER RENTAL INVOICE

INVOICE DATE INVOICE NO. 07/31/2018 1225919 9955036537

08/30/2018

\$ 48.43

SOLD BY AIRGAS USA, LLC

BILL TO

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1107 EARL FRYE BLVD STE 4

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12259191995503653700000048430

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Sales Tax:

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of 25

**AMOUNT** 

AIRGAS USA, LLC Acct No. 8606074182

FOR WIRE TRANSFER PAYMENTS

PNC Bank, ABA No 031000053

\$ 48.43

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

Claim 13-1 Part 2

Filed 01/21/19

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an Air Liquide company

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1424 GARDNER BLVD

COLUMBUS MS 39702-6603

1107 EARL FRYE BLVD STE 4

AMORY MS 38821-5519

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AMORY HMA PHYSICIANS MANAGEMENT INC

CYLINDER RENTAL INVOICE

INVOICE DATE 08/31/2018 1225919 9955720667 09/30/2018 \$ 48.43

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

12259191995572066700000048436

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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 SUBJECT BEG BAL SHIP RETURN ADJ END BAL LEASES **NET DAYS** RATE PRICE DOCUMENT / DATE TO RENT RRCYLMWBDSS - Rent Cyl Med W-O2-B Diss Valve 10 0 0 0 10 0 10 310 \$0.146/DAY \$45.26 T 0 0 10 0 10 \$45.26

Sales Tax:

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**AMOUNT** 

AIRGAS USA, LLC Acct No. 8606074182

FOR WIRE TRANSFER PAYMENTS

PNC Bank, ABA No 031000053

\$ 48.43

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

Claim 13-1 Part 2 Filed 01/21/19 Desc Attachment for chings ged some Desc Attachment for chings ged

Airgas USA, LLC PO Box 9249 MarGaS **G**A33116651218405680

n-- of 25



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

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1107 EARL FRYE BLVD STE 4 AMORY MS 38821-5519 վ<sup>րեյ</sup>իի գրհակրենի հիմի հիմի հիմի բրուբավիրայն

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

#### 122591919995709798700000009680

INVOICE NO.	DICE NO.   SOLD TO NUMBER   SHIP TO			INVOICE		ANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0 RENTAL PURCHASE ORDER NO.					TERMS
9957097987	1225919	122068	38	10/31/2	018	RENT					NET 30
	L/DESCRIPTION  JMENT/DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL		SUBJECT TO RENT	NET DAYS	RATE	PRICE
RCYLMWBDSS	- Rent Cyl Me	d W-02-B	Diss 0	Valve 0	0	2	0	2	62	\$0.146/DAY	\$9.05
		2	0	0	0	2					\$9.05

Sales Tax:

0.63

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AMOUNT

AIRGAS USA, LLC

\$ 9.68

Airgas.

an Air Liquide company

SHIP TO: 1220688 ATTN TINA WATHEN AMORY PRIMARY MEDICINE CLINIC 1107 EARL FRYE BLVD STE 6 AMORY MS 38821-5519 Acct No. 8606074182 PNC Bank, ABA No 031000053

FOR WIRE TRANSFER PAYMENTS

Claim 13-1 Part 2 Filed 01/21/19

Desc Attachment for change of edit and seed of call 678-903-7716

Airgas USA, LLC PO Box 9249 Marketa SeA 3: 1085 12 k+ 95680

5-- of 25



BILL TO

AIRGAS USA, LLC

662-328-6563

1424 GARDNER BLVD

COLUMBUS MS 39702-6603

1107 EARL FRYE BLVD STE 4

AMORY MS 38821-5519

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

AMORY HMA PHYSICIANS MANAGEMENT INC

10

CYLINDER RENTAL INVOICE

INVOICE DATE 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

VISA DISCOVER

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

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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. SOLD TO NUMBER SHIP TO INVOICE DATE RENTAL PURCHASE ORDER NO.

**TERMS** 1225919 9957098818 1220856 10/31/2018 RENT **NET 30** MATERIAL / DESCRIPTION SUBJECT NET DAYS BEG BAL SHIP RETURN ADJ END BAL LEASES RATE PRICE DOCUMENT / DATE TO RENT RRCYLMWBDSS - Rent Cyl Med W-02-B Diss Valve 10 0 0 0 10 0 10 310 \$0.146/DAY \$45.26 T 

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** 

AIRGAS USA, LLC Acct No. 8606074182

FOR WIRE TRANSFER PAYMENTS

PNC Bank, ABA No 031000053

\$ 48.43

Airgas USA, LLC

PO 303 3249 Mar Cta SEA 3:1085 bk t 05680

an Air Liquide company

SHIP TO: 1220856 ATTN WANDA TUBB FAMILY MEDICINE CLINIC 404 9TH AVE S AMORY MS 38821-5414 Claim 13-1 Part 2

Filed 01/21/19

Desc Attachment for change of the manage of the companies of the companies

Dar of 25



AMORY HMA PHYSICIANS MGMT\*DNU\*

DEBIT MEMO INVOICE DATE

11/19/2018

06

1225919

9800522321

12/19/2018

PAY THIS AMOUNT \$ 147.87

SOLD BY

BILL TO

AIRGAS USA, LLC (SO06) 1424 GARDNER BLVD COLUMBUS MS 39702-6603

1107 EARL FRYE BLVD STE 4

AMORY MS 38821-5519

662-328-6563

SEE 3801658

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

12259191980052232100000147873

ORDER NO.	INVOICE NO.	INVOICE DATE		TO NO.		YOUR ACCOUNT PLEA SOL	D TO NAME	
7058996121	9800522321	11/19/2018	1225919 AM		MORY HMA PH	MGMT*DNU*		
PO/RI	ELEASE	ORDERE	D BY		SHIP VIA	PAYME	NT TERMS	ORDER DATE
BILLING LC	SS OF USE					NE	11/19/2018	
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	иом	QTY B/O	CYLINDER SHP'D RET'D	UNIT PRICE	UOM	AMOUNT

CYL OXYGEN USP MEDICAL PURE EA CGA VIPR LOSS OF USE

Sale subtotal:

138.20

an Air Liquide company

SHIP TO: 1220856 ATTN WANDA TUBB FAMILY MEDICINE CLINIC\*BKR\*DNU\* SEE 3882922

Filed 01/21/19

FOR WIRE TRANSFER PAYMENTS AIRGAS USA, LLC Acct No. 8606074182 PNC Bank, ABA No 031000053

Desc Attachment 1 Page 21
For change of address
email to: sdiv\_adrss@airgas.com

Sales Tax: **AMOUNT** 

9.67 147.87

Airgas USA, LLC

404 9TH AVE S PO BOX 9249-1-18-10/18-1

n\_\_of 25



FOR LOCATION NEAREST YOU VISIT WWW.AIRGAS.COM

Audit Count Net Difference

SHIP TO: 1220856

ATTN WANDA TUBB

FAMILY MEDICINE CLINIC\*BKR\*DNU\*

Material Description

CYL OXYGEN USP MEDICAL PURE EA CGA VIPR

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

9

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

Qty

10

10

Serial #

CON	IACI:
	3
Mate	rial

Cylinder Totals

CY-OX: USPEAWBDS

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	- C	
CYLINDER POLICY: Cylinders are loaned, rented or leased to the cust fittings are to be returned to Airgas in good condition and repair. Custor Airgas. Periodic cylinder audits will be conducted by Airgas at the custo customer record to reflect the physical count, pending a thorough inves determine that the cylinders have not been returned, the customer may compensate Airgas for the loss of an asset, as well as the loss of reven charge does not transfer title of the asset. If the cylinders are recovered	mers are not authorized to sell of the mer's locations. Should a discritigation of the cylinder transact to be assessed charges for rentance associated with cylinder rer	or loan cylinders furnished to them by repancy be noted, Airgas will adjust the ion history. Should this investigation al and loss of use. These charges ntals and leases. The payment of this
AUDIT CERTIFICATION AIRGAS: I certify that the above audit was completed on this dat that the customer has received a copy of this form.		stomer listed below. I further certify  11-14-18  Date
Name	Title	Date
CUSTOMER: I certify that the above audit was conducted on this understand the company's policy on cylinders and the outcome of	s date and I agree with the pof this audit.	physical count listed. I have read and
Name	Title	Date
Comments:		
	(4)	:(*):
	-3	



FOR LOCATION NEAREST YOU VISIT WWW.AIRGAS.COM

SHIP TO: 1220688

CONTACT:

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

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	ā	
4					

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 dat	e in the presence of the customer li	sted below. I further certify
that the customer has received a copy of this form.		and a sere in the analysis serially
Drampos Ceriddle	Occount Manager Title	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	t this audit.	
Dward	OM	11-14-18
Name:	Title	Date
Comments:		
		¥2
		¥ 211212-12-12-12-12-12-12-12-12-12-12-12-



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#	e P
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		
Cylinder Totals		0	1		
3					
į,					
1					
į	27				

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	e in the presence of	the customer liste	ed below. I further certi	ifv
that the customer has received a copy of this form.				,
Dranges Condoll	Account	Manage	11-14-18	
Name /	account !	wager	Date	
1 1 11				
CUSTOMER: I certify that the above audit was conducted on this	date and I agree wi	th the physical co	ount listed. I have read	and
understand the company's policy on cylinders and the outcome of	f this pudit		11/ 1/0	
Mally Hauly	MV		111414	
Name: / /	Title		Date	
Comments:				
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	(4)			



FOR LOCATION NEAREST YOU VISIT WWW.AIRGAS.COM

SHIP TO: 2652686

2002000

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

CC	NC	TA	C	T:
~	~ 1 4	15		

**AUDIT CERTIFICATION** 

Material	Material Description	Serial#	Qty	Audit Count	Net Difference
CY-OX USPEAWBDS	CYL OXYGEN USP MEDICAL PURE EA CGA VIPR		1	T	
Cylinder Totals		0	1	1	
	N)				
			<del> </del>	<u> </u>	

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AIRGAS: I certify that the above audit was completed that the customer has received a copy of this form.	on this date in the presence of the customer liste	ed below. I further certify
Draym Cardole	account Manager	11-14-18
Name	Title	Date
CUSTOMER: I certify that the above audit was conductunderstand the company's policy on cylinders and the		unt listed. I have read an
$\mathcal{A}$		11 10 10

Name Title Date

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) Claim No: 13 Airgas USA LLC Filed by: CR Original Filed 2015 Vaughn Rd, Bldg 400 Entered by: admin Date: 01/21/2019 Kennesaw, GA 30144 Modified:

Original Entered

Date: 01/21/2019

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** 

<b>Total Amount Claimed*</b>	\$696.66
Total Amount Allowed*	

<sup>\*</sup>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		