

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

Debtor 1 Fayette Memorial Hospital Association, Inc.  
 Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) \_\_\_\_\_  
 United States Bankruptcy Court Southern District of Indiana  
 Case number: 18-07762

**FILED**U.S. Bankruptcy Court  
Southern District of Indiana

10/12/2018

Kevin P. Dempsey, 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**

<b>1. Who is the current creditor?</b>	<u>Arrow International, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>Arrow International, Inc.</u>	_____
	Name _____	Name _____
	<u>PO Box 60519</u> <u>Charlotte, NC 28260</u>	_____
	Contact phone <u>866--246-6990</u>	Contact phone _____
Contact email <u>arrowremit@teleflex.com</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim

page 1

**FMHA POC**  
  
 00001

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

<b>6. Do you have any number you use to identify the debtor?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>5694</u>										
<b>7. How much is the claim?</b>	\$ <u>8195.26</u> <div style="float: right; text-align: right;"> <b>Does this amount include interest or other charges?</b>  <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>										
<b>8. What is the basis of the claim?</b>	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.  <u>Goods Sold</u>										
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <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: _____  <b>Basis for perfection:</b> _____  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.)  <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Value of property:</b></td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is secured:</b></td> <td>\$ _____</td> </tr> <tr> <td><b>Amount of the claim that is unsecured:</b></td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Amount necessary to cure any default as of the date of the petition:</b></td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;"><b>Annual Interest Rate</b> (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Value of property:</b>	\$ _____	<b>Amount of the claim that is secured:</b>	\$ _____	<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)	<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____	<b>Annual Interest Rate</b> (when case was filed)	_____ %
<b>Value of property:</b>	\$ _____										
<b>Amount of the claim that is secured:</b>	\$ _____										
<b>Amount of the claim that is unsecured:</b>	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)										
<b>Amount necessary to cure any default as of the date of the petition:</b>	\$ _____										
<b>Annual Interest Rate</b> (when case was filed)	_____ %										
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____										
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____										

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
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)( ) that applies	\$ _____
<small>* 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.</small>		

**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 10/12/2018  
MM / DD / YYYY

/s/ CHRISTOPHER LOUIS LYNCH  
\_\_\_\_\_  
Signature

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

Name	<u>CHRISTOPHER LOUIS LYNCH</u>		
	First name	Middle name	Last name
Title	<u>Sr. Lead Credit &amp; Collections Specialist</u>		
Company	<u>Arrow International Inc.</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>3015 Carrington Mill Blvd. Suite 300</u>		
	Number	Street	
	<u>Morrisville, NC 27560-8871</u>		
	City	State	ZIP Code
Contact phone	<u>919-361-4135</u>	Email	<u>christopher.lynch@teleflex.com</u>



Arrow International Inc  
PO Box 12600  
2917 Weck Drive  
Research Triangle Park, NC 27709

### Account Statement/ Open Item Listing

Account #		Statement Date
115694		10/12/2018
Page	Currency	Terms of Payment
1 of 1	USD	Cash in advance-

Fayette Memorial Hospital  
1941 Virginia Avenue  
CONNERSVILLE IN 47331-2893  
USA

### Contact Information for questions on Statement

Name Erin Burcher  
Telephone  
Fax  
E-mail: Erin.Burcher@teleflex.com

### Remittance Information

#### By Regular Mail

Arrow International, Inc.  
Lockbox 60519  
PO Box 612  
Charlotte, NC 28260

#### By Wire

Bank: Wells Fargo Bank, N.A.  
Address: 420 Montgomery Street  
San Francisco, CA 94104  
Account No. #: 2000040988562  
Routing/ABA #: 121000248  
SWIFT Code: WFBUS6S

#### By Overnight

Arrow International, Inc.  
Lockbox 60519  
1525 West W.T. Harris Blvd - 2C2  
Charlotte, NC 28262

Document #	PO #/Check	Reference	Item Date	Due Date	Docum. Type	Reason Code	Amount
95482425	272515		02/05/2018	03/07/2018	RV		598.77
95512601	272633		02/16/2018	03/18/2018	RV		549.16
9500007914	272767		03/20/2018	04/19/2018	RV		636.50
9500020251	272837		03/23/2018	04/22/2018	RV		556.91
9500063435	272894		04/06/2018	05/06/2018	RV		1,098.35
9500149717	272918		05/05/2018	06/04/2018	RV		636.62
9500229505	180531-ETK3		06/02/2018	07/02/2018	RV		1,235.46
9500329658	180703-FKDR		07/07/2018	08/06/2018	RV		636.72
9500401576	180730-G79V		07/31/2018	08/30/2018	RV		549.30
9500502447	180831-H20X		09/02/2018	10/02/2018	RV		1,148.17
9500512399	180904-H3Z5		09/06/2018	10/06/2018	RV		549.30

CURRENT	OVERDUE 1-30	OVERDUE 31-60	OVERDUE 61-90	OVERDUE 91+	ACCT BALANCE
0.00	1,697.47	549.30	636.72	5,311.77	\$8,195.26

# ARROW

## Invoice

No.	Date	Page	Due Date
95482425	02/05/2018	1 of 1	03/07/2018

Payer Account No. 115694

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 po#272515  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

<b>Payment Remittance Address:</b>	<b>Wire Transfer Remittance:</b>	<b>Overnight Remittance Address:</b>
Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
272515	3920402	Buyer Purchasing	8002030338	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200377485604	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	AK-01500	PNEUMOTHORAX KIT	CS	1	0	585.00	585.00
<b>Brand:</b> Arrow		<b>Batch No.</b> 13F18A0238					
		<b>Exp. Date</b> 04/30/2019					
<b>Country of Origin</b>		MX					

### Comments:

<b>Sub-Total</b>	585.00
<b>Freight</b>	13.77
<b>Tax</b>	0.00
<b>Total USD</b>	598.77

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit [https://www.teleflex.com/global/legal/General\\_Terms\\_and\\_Conditions\\_NA.pdf](https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf)

Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

FIN: 23-1969991

October 12, 2018  
Shipper 606920  
Page 1 of 1ATTN : ERIN BURCHER  
PHONE : (919)433-4891**DELIVERY NOTIFICATION**INQUIRY FROM: ARROW INTER  
312 COMMERCE PL  
ASHEBORO NC 27203SHIPMENT TO: N/A  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

Shipper Number.....606920

Tracking Identification Number...1Z6069200377485604

According to our records 1 parcel was delivered on 02/07/18 at 9:38 A.M., and left at DOCK. The shipment was received by **GABBERT** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
606920		1Z6069200377485604	1941 VIRGINIA AVE CONNERSVILLE	

PZB1CXG:000A0000


**Invoice**

No.	Date	Page	Due Date
95512601	02/16/2018	1 of 1	03/18/2018

Payer Account No. 115694

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

<b>Payment Remittance Address:</b>	<b>Wire Transfer Remittance:</b>	<b>Overnight Remittance Address:</b>
Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
272633	3954188	Buyer Purchasing	8002060057	UPS SUPPLY CHAIN SOLUTION
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200380167817	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	CDC-45703-P1A	MULTI-LUMEN PI CVC KIT: 3-L 7 FR X 8" (2)	CS	1	0	535.68	535.68
<b>Brand:</b> Arrow		<b>Batch No.</b> 13F17K0577					
		<b>Exp. Date</b> 03/31/2019					
<b>Country of Origin</b>		MX					

**Comments:**

<b>Sub-Total</b>	535.68
<b>Freight</b>	13.48
<b>Tax</b>	0.00
<b>Total USD</b>	549.16

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit [https://www.teleflex.com/global/legal/General\\_Terms\\_and\\_Conditions\\_NA.pdf](https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf)

Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

FIN: 23-1969991

October 12, 2018  
Shipper 606920  
Page 1 of 1ATTN : ERIN BURCHER  
PHONE : (919)433-4891**DELIVERY NOTIFICATION**INQUIRY FROM: ARROW INTER  
312 COMMERCE PL  
ASHEBORO NC 27203SHIPMENT TO: N/A  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

Shipper Number.....606920

Tracking Identification Number...1Z6069200380167817

According to our records 1 parcel was delivered on 02/20/18 at 10:20 A.M., and left at DOCK. The shipment was received by **GARRETT** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
606920		1Z6069200380167817	1941 VIRGINIA AVE CONNERSVILLE	<i>J. Garrett</i>

PZB1CXG:000A0000



# ARROW

## Invoice

No.	Date	Page	Due Date
9500007914	03/20/2018	1 of 1	04/19/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

<b>Payment Remittance Address:</b>	<b>Wire Transfer Remittance:</b>	<b>Overnight Remittance Address:</b>
Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
272767	4000927		8002141455	UPS SUPPLY CHAIN SOLUTION
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200380202359	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	CDC-05052-HPK1A	PI PICC KIT: 2-L 5 FR X 50 CM	CS	1	0	622.51	622.51
<b>Brand:</b> Arrow		<b>Batch No.</b> 23F18A0804					
		<b>Exp. Date</b> 04/30/2019					
<b>Country of Origin</b>		US					

### Comments:

<b>Sub-Total</b>	622.51
<b>Freight</b>	13.99
<b>Tax</b>	0.00
<b>Total USD</b>	636.50

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent. To access our terms and conditions please visit [https://www.teleflex.com/global/legal/General\\_Terms\\_and\\_Conditions\\_NA.pdf](https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf)

Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991

October 12, 2018

Shipper 606920

Page 1 of 1



ATTN : ERIN BURCHER  
PHONE : (919)433-4891

**DELIVERY NOTIFICATION**

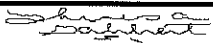
INQUIRY FROM: ARROW INTER  
312 COMMERCE PL  
ASHEBORO NC 27203

SHIPMENT TO: N/A  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

Shipper Number.....606920

Tracking Identification Number...1Z6069200380202359

According to our records 1 parcel was delivered on 03/22/18 at 10:34 A.M., and left at DOCK. The shipment was received by **GABBERT** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
606920		1Z6069200380202359	1941 VIRGINIA AVE CONNERSVILLE	

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# ARROW

## Invoice

No.	Date	Page	Due Date
9500020251	03/23/2018	1 of 1	04/22/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

<b>Payment Remittance Address:</b>	<b>Wire Transfer Remittance:</b>	<b>Overnight Remittance Address:</b>
Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBIUS6S	Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
272837	4025074	Buyer Purchasing	8002152815	UPS SUPPLY CHAIN SOLUTION
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200380208086	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	CDC-45703-P1A	MULTI-LUMEN PI CVC KIT: 3-L 7 FR X 8" (2)	CS	1	0	535.68	535.68
<b>Brand:</b> Arrow		<b>Batch No.</b> 13F18A0157					
		<b>Exp. Date</b> 04/30/2019					
<b>Country of Origin</b>		MX					

### Comments:

<b>Sub-Total</b>	535.68
<b>Freight</b>	21.23
<b>Tax</b>	0.00
<b>Total USD</b>	556.91

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

To access our terms and conditions please visit [https://www.teleflex.com/global/legal/General\\_Terms\\_and\\_Conditions\\_NA.pdf](https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf)

Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991

October 12, 2018

Shipper 606920

Page 1 of 1



ATTN : ERIN BURCHER  
PHONE : (919)433-4891

**DELIVERY NOTIFICATION**

INQUIRY FROM: ARROW INTER  
312 COMMERCE PL  
ASHEBORO NC 27203

SHIPMENT TO: N/A  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

Shipper Number.....606920

Tracking Identification Number...1Z6069200380208086

According to our records 1 parcel was delivered on 03/27/18 at 10:24 A.M., and left at OFFICE. The shipment was received by POE as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
606920		1Z6069200380208086	1941 VIRGINIA AVE CONNERSVILLE	

PZB1CXG:000A0000


**Invoice**

No.	Date	Page	Due Date
9500063435	04/06/2018	1 of 2	05/06/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

<b>Payment Remittance Address:</b>	<b>Wire Transfer Remittance:</b>	<b>Overnight Remittance Address:</b>
Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
272894	4052542	Buyer Purchasing	8002193395	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200377739232	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000011	CDC-45703-P1A	MULTI-LUMEN PI CVC KIT: 3-L 7 FR X 8" (2)	CS	1	0	535.68	535.68
	Brand: Arrow						
		Batch No. 13F18A0560 Exp. Date 04/30/2019					
	Country of Origin	MX					
000012	CDC-45703-P1A	MULTI-LUMEN PI CVC KIT: 3-L 7 FR X 8" (2)	CS	1	0	535.68	535.68
	Brand: Arrow						
		Batch No. 13F18A0560 Exp. Date 04/30/2019					
	Country of Origin	MX					

**Comments:**

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.  
 To access our terms and conditions please visit [https://www.teleflex.com/global/legal/General\\_Terms\\_and\\_Conditions\\_NA.pdf](https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf)

Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991

# ARROW

## Invoice

No.	Date	Page	Due Date
9500063435	04/06/2018	2 of 2	05/06/2018
Payer Account No. 115694			

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
Sub-Total							1,071.36
Freight							26.99
Tax							0.00
Total USD							1,098.35
<p>The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.</p> <p>To access our terms and conditions please visit <a href="https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf">https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf</a></p>							

Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991

October 12, 2018

Shipper 606920

Page 1 of 1



ATTN : ERIN BURCHER  
PHONE : (919)433-4891

**DELIVERY NOTIFICATION**

INQUIRY FROM: ARROW INTER  
312 COMMERCE PL  
ASHEBORO NC 27203

SHIPMENT TO: N/A  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

Shipper Number.....606920

Tracking Identification Number...1Z6069200377739232

According to our records 1 parcel was delivered on 04/23/18 at 10:21 A.M., and left at DOCK. The shipment was received by GARRETT as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
606920		1Z6069200377739232	1941 VIRGINIA AVE CONNERSVILLE	<i>S. Garrett</i>

PZB1CXG:000A0000

# ARROW

## Invoice

No.	Date	Page	Due Date
9500149717	05/05/2018	1 of 1	06/04/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Payment Remittance Address:**

Arrow International, Inc.  
 PO Box 60519  
 Charlotte, NC 28260 - 0519

**Wire Transfer Remittance:**

Wells Fargo Bank N.A.  
 420 Montgomery Street  
 San Francisco, CA 94104  
 Account No. 2000040988562  
 Routing/ABA No. 121000248  
 SWIFT Code: WFBUS6S

**Overnight Remittance Address:**

Wells Fargo Lockbox Services  
 Arrow International, Inc.  
 Lockbox 60519  
 1525 West W.T. Harris Blvd - 2C2  
 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
272918	4061540	Buyer Purchasing	8002280893	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200377864810	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	CDC-05052-HPK1A	PI PICC KIT: 2-L 5 FR X 50 CM	CS	1	0	622.51	622.51
<b>Brand:</b> Arrow							
		<b>Batch No. 23F18D0214</b>					
		<b>Exp. Date 06/30/2019</b>					
<b>Country of Origin</b>		US					

**Comments:**

<b>Sub-Total</b>	622.51
<b>Freight</b>	14.11
<b>Tax</b>	0.00
<b>Total USD</b>	636.62

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.  
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Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991



October 12, 2018  
Shipper 606920  
Page 1 of 1ATTN : ERIN BURCHER  
PHONE : (919)433-4891**DELIVERY NOTIFICATION**INQUIRY FROM: ARROW INTER  
312 COMMERCE PL  
ASHEBORO NC 27203SHIPMENT TO: ATTN: RECEIVING  
FAYETTE MEMORIAL HOSPITAL  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

Shipper Number.....606920

Tracking Identification Number...1Z6069200377864810

According to our records **1** parcel was delivered on **05/09/18** at **9:26 A.M.**, and left at **DOCK**. The shipment was received by **GARRETT** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO/STREET,CITY)	SIGNATURE
606920		1Z6069200377864810	1941 VIRGINIA AVE CONNERSVILLE	<i>S. Garrett</i>

PZB1CXG:000A0000

# ARROW

## Invoice

No.	Date	Page	Due Date
9500229505	06/02/2018	1 of 2	07/02/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

<b>Payment Remittance Address:</b> Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	<b>Wire Transfer Remittance:</b> Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	<b>Overnight Remittance Address:</b> Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262
---	--	---

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
180531-ETK3	4179480	Debbie Poe	8002363733	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200377987974	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	AK-01500	PNEUMOTHORAX KIT	CS	1	0	585.00	585.00
	Brand: Arrow						
		Batch No. 13F18C0314					
		Exp. Date 06/30/2019					
	Country of Origin	MX					
000020	CDC-05052-HPK1A	PI PICC KIT: 2-L 5 FR X 50 CM	CS	1	0	622.51	622.51
	Brand: Arrow						
		Batch No. 23F18D0214					
		Exp. Date 06/30/2019					
	Country of Origin	US					

**Comments:**

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.  
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Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991

# ARROW

## Invoice

No.	Date	Page	Due Date
9500229505	06/02/2018	2 of 2	07/02/2018
Payer Account No. 115694			

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
Sub-Total							1,207.51
Freight							27.95
Tax							0.00
Total USD							1,235.46
<p>The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.</p> <p>To access our terms and conditions please visit <a href="https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf">https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf</a></p>							

Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991



October 12, 2018  
Shipper 606920  
Page 1 of 1

ATTN : ERIN BURCHER  
PHONE : (919)433-4891

## DELIVERY NOTIFICATION

INQUIRY FROM: ARROW INTER  
312 COMMERCE PL  
ASHEBORO NC 27203

SHIPMENT TO: ATTN: RECEIVING  
FAYETTE MEMORIAL HOSPITAL  
1941 VIRGINIA AVE  
CONNERSVILLE IN 47331

Shipper Number.....606920

Tracking Identification Number...1Z6069200377987974

According to our records 1 parcel was delivered on 06/06/18 at 10:05 A.M., and left at DOCK. The shipment was received by **GARRETT** as follows:

SHIPPER NUMBER	PKG ID NO.	TRACKING NUMBER	ADDRESS (NO./STREET,CITY)	SIGNATURE
606920		1Z6069200377987974	1941 VIRGINIA AVE CONNERSVILLE	

PZB1CXG:000A0000

# ARROW

## Invoice

No.	Date	Page	Due Date
9500329658	07/07/2018	1 of 1	08/06/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Payment Remittance Address:**

Arrow International, Inc.  
 PO Box 60519  
 Charlotte, NC 28260 - 0519

**Wire Transfer Remittance:**

Wells Fargo Bank N.A.  
 420 Montgomery Street  
 San Francisco, CA 94104  
 Account No. 2000040988562  
 Routing/ABA No. 121000248  
 SWIFT Code: WFBUS6S

**Overnight Remittance Address:**

Wells Fargo Lockbox Services  
 Arrow International, Inc.  
 Lockbox 60519  
 1525 West W.T. Harris Blvd - 2C2  
 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
180703-FKDR	4251152	Debbie Poe	8002458597	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200378140108	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	CDC-05052-HPK1A	PI PICC KIT: 2-L 5 FR X 50 CM	CS	1	0	622.51	622.51
<b>Brand:</b> Arrow							
		<b>Batch No.</b> 23F18D0684					
		<b>Exp. Date</b> 06/30/2019					
<b>Country of Origin</b>		US					

**Comments:**

<b>Sub-Total</b>	622.51
<b>Freight</b>	14.21
<b>Tax</b>	0.00
<b>Total USD</b>	636.72

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

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EIN: 23-1969991



# ARROW

## Invoice

No.	Date	Page	Due Date
9500401576	07/31/2018	1 of 1	08/30/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Payment Remittance Address:**

Arrow International, Inc.  
 PO Box 60519  
 Charlotte, NC 28260 - 0519

**Wire Transfer Remittance:**

Wells Fargo Bank N.A.  
 420 Montgomery Street  
 San Francisco, CA 94104  
 Account No. 2000040988562  
 Routing/ABA No. 121000248  
 SWIFT Code: WFBUS6S

**Overnight Remittance Address:**

Wells Fargo Lockbox Services  
 Arrow International, Inc.  
 Lockbox 60519  
 1525 West W.T. Harris Blvd - 2C2  
 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
180730-G79V	4309815	Debbie Poe	8002532380	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6089200378267277	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	CDC-45703-P1A	MULTI-LUMEN PI CVC KIT: 3-L 7 FR X 8" (2	CS	1	0	535.68	535.68
<b>Brand:</b> Arrow		<b>Batch No.</b> 13F18D0630					
		<b>Exp. Date</b> 06/30/2019					
<b>Country of Origin</b>		MX					

**Comments:**

<b>Sub-Total</b>	535.68
<b>Freight</b>	13.62
<b>Tax</b>	0.00
<b>Total USD</b>	549.30

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.  
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Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)


EIN: 23-1969991

Tracking: UPS - United States - Google Chrome

https://wwwapps.ups.com/WebTracking/processPOD?Requester=&tracknum=1Z60692...

Close Window

Feedback



Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:

1Z6069200378267277

Service:

UPS Ground

Weight:

10.90 lbs

Shipped/Billed On:

07/31/2018

Delivered On:

08/02/2018 10:25 A.M.

Delivered To:

CONNERSVILLE, IN, US

Received By:

CARRETT

Left At:

Receiver

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 10/12/2018 8:02 A.M. ET

Print This Page

Close Window



# ARROW

## Invoice

No.	Date	Page	Due Date
9500502447	09/02/2018	1 of 2	10/02/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Payment Remittance Address:**

Arrow International, Inc.  
 PO Box 60519  
 Charlotte, NC 28260 - 0519

**Wire Transfer Remittance:**

Wells Fargo Bank N.A.  
 420 Montgomery Street  
 San Francisco, CA 94104  
 Account No. 2000040988562  
 Routing/ABA No. 121000248  
 SWIFT Code: WFBUS6S

**Overnight Remittance Address:**

Wells Fargo Lockbox Services  
 Arrow International, Inc.  
 Lockbox 60519  
 1525 West W.T. Harris Blvd - 2C2  
 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
180831-H20X	4383905	Debbie Poe	8002632487	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200378428521	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	AK-01500	PNEUMOTHORAX KIT	CS	1	0	585.00	585.00
	Brand: Arrow						
		Batch No. 13F18G0436					
		Exp. Date 08/31/2019					
	Country of Origin	MX					
000020	CDC-45703-P1A	MULTI-LUMEN PI CVC KIT: 3-L 7 FR X 8" (2	CS	1	0	535.68	535.68
	Brand: Arrow						
		Batch No. 13F18F0433					
		Exp. Date 06/30/2019					
	Country of Origin	MX					

**Comments:**

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EIN: 23-1969991


**Invoice**

No.	Date	Page	Due Date
9500502447	09/02/2018	2 of 2	10/02/2018
Payer Account No. 115694			

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
Sub-Total							1,120.68
Freight							27.49
Tax							0.00
Total USD							1,148.17
<p>The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.</p> <p>To access our terms and conditions please visit <a href="https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf">https://www.teleflex.com/global/legal/General_Terms_and_Conditions_NA.pdf</a></p>							

Arrow International, Inc.  
 3015 Carrington Mill Blvd Morrisville, NC 27560 USA  
 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991

Tracking: UPS - United States - Google Chrome

https://wwwapps.ups.com/WebTracking/processPOD?Requester=&tracknum=1Z60692...

ups

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:

1Z6069200378428521

Service:

UPS Ground

Weight:

5.30 lbs

Shipped/Billed On:

09/04/2018

Delivered On:

09/05/2018 9:54 A.M.

Delivered To:

CONNERSVILLE IN, US

Received By:

CARRETT

Left At:

Inside Delivery

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS. 10/12/2018 8:02 A.M. ET

Print This Page

Close Window

Feedback

4

# ARROW

## Invoice

No.	Date	Page	Due Date
9500512399	09/06/2018	1 of 1	10/06/2018
Payer Account No. 115694			

**Bill To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

**Ship To Party**      **Account No. 115694**  
 Fayette Memorial Hospital  
 1941 Virginia Avenue  
 Connersville IN 47331-2893  
 USA

<b>Payment Remittance Address:</b>	<b>Wire Transfer Remittance:</b>	<b>Overnight Remittance Address:</b>
Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 - 0519	Wells Fargo Bank N.A. 420 Montgomery Street San Francisco, CA 94104 Account No. 2000040988562 Routing/ABA No. 121000248 SWIFT Code: WFBUS6S	Wells Fargo Lockbox Services Arrow International, Inc. Lockbox 60519 1525 West W.T. Harris Blvd - 2C2 Charlotte, NC 28262

Purchase Order No.	Sales Order No.	Order Placed By	Delivery No.	Carrier/Level of Service
180904-h3z5	4390321	Debbie Poe	8002642567	UPS
Tracking No.	Freight Terms	Incoterms	Payment Terms	Currency
1Z6069200378443693	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	CDC-45703-P1A	MULTI-LUMEN PI CVC KIT: 3-L 7 FR X 8" (2)	CS	1	0	535.68	535.68
<b>Brand:</b> Arrow		<b>Batch No.</b> 13F18G0041					
		<b>Exp. Date</b> 07/31/2019					
<b>Country of Origin</b>		MX					

### Comments:

<b>Sub-Total</b>	535.68
<b>Freight</b>	13.62
<b>Tax</b>	0.00
<b>Total USD</b>	549.30


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 Tel 800-523-8446 Fax  
 Email [arrowcs@teleflex.com](mailto:arrowcs@teleflex.com) [www.teleflex.com](http://www.teleflex.com)

EIN: 23-1969991

Tracking: UPS - United States - Google Chrome

https://wwwapps.ups.com/WebTracking/processPOD?Requester=&tracknum=1Z60692...



# Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

**Tracking Number:** 1Z6069200378443693

**Service:** UPS Ground

**Weight:** 10.90 lbs

**Shipped/Billed On:** 09/06/2018

**Delivered On:** 09/11/2018 9:36 A.M.

**Delivered To:** CONNERSVILLE, IN, US

**Received By:** CARRETT

**Left At:** Dock

Thank you for giving us this opportunity to serve you.

Sincerely,  
UPS

Tracking results provided by UPS: 10/12/2018 8:03 A.M. ET

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4

# Southern District of Indiana Claims Register

18-07762-JJG-11 Fayette Memorial Hospital Association, Inc.

**Judge:** Jeffrey J. Graham

**Chapter:** 11

**Office:** Indianapolis

**Last Date to file claims:**

**Trustee:**

**Last Date to file (Govt):**

**Creditor:** (15027189)  
Arrow International, Inc.  
PO Box 60519  
Charlotte, NC 28260

**Claim No:** 1  
*Original Filed*  
*Date:* 10/12/2018  
*Original Entered*  
*Date:* 10/12/2018

**Status:**  
*Filed by:* CR  
*Entered by:* Administrator  
*Modified:*

Amount claimed: \$8195.26

**History:**

[Details](#) [1-1](#) 10/12/2018 Claim #1 filed by Arrow International, Inc., Amount claimed: \$8195.26 (adm)

**Description:**

**Remarks:** (1-1) Account Number (last 4 digits):5694

## Claims Register Summary

**Case Name:** Fayette Memorial Hospital Association, Inc.

**Case Number:** 18-07762-JJG-11

**Chapter:** 11

**Date Filed:** 10/10/2018

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$8195.26
<b>Total Amount Allowed*</b>	

\*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		