

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

10/17/2018

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

1. Who is the current creditor?	<u>Stryker Endoscopy, a Division of Stryker Corporati</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>Stryker Endoscopy, a Division of Stryker Corporati</u> Name c/o Lori L Purkey Purkey & Associates, PLC 5050 Cascade Road, SE, Ste. A Grand Rapids, MI 49546 Contact phone <u>6169400553</u> Contact email <u>purkey@purkeyandassociates.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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
	5. Do you know if anyone else has filed a proof of claim for this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	6401						
7. How much is the claim?	\$ 3200.55	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).						
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information. Slae of goods							
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable		Value of property:	\$ _____	Amount of the claim that is secured:	\$ _____	Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Value of property:	\$ _____							
Amount of the claim that is secured:	\$ _____							
Amount of the claim that is unsecured:	\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)							
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____							
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____							

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: right;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>		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	\$ _____
	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	\$ _____															

* 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 10/17/2018
 MM / DD / YYYY

/s/ Lori L Purkey

Signature

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

Name	<u>Lori L Purkey</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Purkey & Associates, PLC</u>		
Address	Identify the corporate servicer as the company if the authorized agent is a servicer		
	<u>5050 Cascade Road, SE, Ste. A</u>		
	Number	Street	
	<u>Grand Rapids, MI 49546</u>		
	City	State	ZIP Code
Contact phone	<u>616-940-0553</u>		Email <u>purkey@purkeyandassociates.com</u>

INVOICE

stryker

8100747- E

Endoscopy**Bill To****Ship To:**

ATTN: ACCOUNTS PAYABLE

FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

Invoice No.	Invoice Date	PO No.	Acct No.	Sales Order No	Service Request No	Ship Via	Terms	Due Date
8100747-E	10-AUG-18	180809-GHE4	6401	54129161		FEDERAL EXPRESS	Net 30	09-SEP-18

No.	Item/GTIN	Description	Qty	Unit Price	Amount
1	S-H	Shipping and Handling	1	32.89	32.89
2	0250070500 37613327061391 07613327061390	PKG., ASSY., SUCTION / IRRIGATOR 2	2	303.61	607.22

INVOICE TOTAL	640.11
SALES TAX	0.00
TOTAL DUE	640.11

THANK YOU FOR YOUR BUSINESS

As stated in our product sale proposal, Stryker's terms of sale (see www.stryker.com/en-us/StrykerEndoSalesTerms/index.htm), which relate to the sale and purchase of products and services of Stryker Endoscopy, Stryker Communications, Stryker Sports Medicine, and Stryker ProCare, and any different or additional terms articulated by Stryker in such proposal govern this purchase as applicable and may not be rejected or revoked without the consent of Stryker Endoscopy's legal team. Additionally, any different or additional terms on any purchase order or other document submitted by Buyer are null and void unless explicitly approved by Stryker Endoscopy's legal team. Accordingly, acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms. If you have issue with any of Stryker's terms of sale, please contact your Stryker sales representative. By accepting the product/s and/or services, you have acknowledged and agreed to the foregoing.

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

All Endoscopy products are returnable if unopened within 30 days of purchase for a 10% restocking fee. Capital orders are returnable within 90 days of purchase for a 10% restocking fee.

Please visit our website at www.stryker.com
For questions or returns please call 1-800-435-0220

**** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE ****

**** FOR RETURNS PLEASE CALL 1-800-435-0220****

INVOICE

Case 18-07762-JJG-11 Claim 9-1 Part 2 Filed 10/17/18 Pg 2 of 10

stryker

8100747- E

Endoscopy

REMIT TO: STRYKER ENDOSCOPY
C/O STRYKER SALES CORPORATION
P.O.BOX 93276
CHICAGO IL 60673

**** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE ****

**** FOR RETURNS PLEASE CALL 1-800-435-0220****

INVOICE

stryker

8051252- E

Endoscopy**Bill To****Ship To:****ATTN: ACCOUNTS PAYABLE****FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE****CONNERSVILLE, IN 47331****FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE****CONNERSVILLE, IN 47331**

Invoice No.	Invoice Date	PO No.	Acct No.	Sales Order No	Service Request No	Ship Via	Terms	Due Date
8051252-E	19-JUL-18	180718-FWS1	6401	54092768		FEDERAL EXPRESS	Net 30	18-AUG-18

No.	Item/GTIN	Description	Qty	Unit Price	Amount
1	S-H	Shipping and Handling	1	32.89	32.89
2	0250070500 37613327061391 07613327061390	PKG., ASSY., SUCTION / IRRIGATOR 2	2	303.61	607.22

INVOICE TOTAL	640.11
SALES TAX	0.00
TOTAL DUE	640.11

THANK YOU FOR YOUR BUSINESS

As stated in our product sale proposal, Stryker's terms of sale (see www.stryker.com/en-us/StrykerEndoSalesTerms/index.htm), which relate to the sale and purchase of products and services of Stryker Endoscopy, Stryker Communications, Stryker Sports Medicine, and Stryker ProCare, and any different or additional terms articulated by Stryker in such proposal govern this purchase as applicable and may not be rejected or revoked without the consent of Stryker Endoscopy's legal team. Additionally, any different or additional terms on any purchase order or other document submitted by Buyer are null and void unless explicitly approved by Stryker Endoscopy's legal team. Accordingly, acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms. If you have issue with any of Stryker's terms of sale, please contact your Stryker sales representative. By accepting the product/s and/or services, you have acknowledged and agreed to the foregoing.

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

All Endoscopy products are returnable if unopened within 30 days of purchase for a 10% restocking fee. Capital orders are returnable within 90 days of purchase for a 10% restocking fee.

Please visit our website at www.stryker.com
For questions or returns please call 1-800-435-0220

**** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE ****

**** FOR RETURNS PLEASE CALL 1-800-435-0220****

INVOICE

Case 18-07762-JJG-11 Claim 9-1 Part 2 Filed 10/17/18 Pg 4 of 10

stryker

8051252- E

Endoscopy

REMIT TO: STRYKER ENDOSCOPY
C/O STRYKER SALES CORPORATION
P.O.BOX 93276
CHICAGO IL 60673

** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE **

** FOR RETURNS PLEASE CALL 1-800-435-0220**

INVOICE

Case 18-07762-JJG-11 Claim 9-1 Part 2 Filed 10/17/18 Pg 5 of 10

stryker

7972232- E

Endoscopy

Bill To**Ship To:**

ATTN: ACCOUNTS PAYABLE

FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

Invoice No.	Invoice Date	PO No.	Acct No.	Sales Order No	Service Request No	Ship Via	Terms	Due Date
7972232-E	14-JUN-18	180613-F3P3	6401	54028068		FEDERAL EXPRESS	Net 30	14-JUL-18

No.	Item/GTIN	Description	Qty	Unit Price	Amount
1	S-H	Shipping and Handling	1	32.89	32.89
2	0250070500 37613327061391 07613327061390	PKG., ASSY., SUCTION / IRRIGATOR 2	2	303.61	607.22

INVOICE TOTAL	640.11
SALES TAX	0.00
TOTAL DUE	640.11

THANK YOU FOR YOUR BUSINESS

As stated in our product sale proposal, Stryker's terms of sale (see www.stryker.com/en-us/StrykerEndoSalesTerms/index.htm), which relate to the sale and purchase of products and services of Stryker Endoscopy, Stryker Communications, Stryker Sports Medicine, and Stryker ProCare, and any different or additional terms articulated by Stryker in such proposal govern this purchase as applicable and may not be rejected or revoked without the consent of Stryker Endoscopy's legal team. Additionally, any different or additional terms on any purchase order or other document submitted by Buyer are null and void unless explicitly approved by Stryker Endoscopy's legal team. Accordingly, acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms. If you have issue with any of Stryker's terms of sale, please contact your Stryker sales representative. By accepting the product/s and/or services, you have acknowledged and agreed to the foregoing.

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

All Endoscopy products are returnable if unopened within 30 days of purchase for a 10% restocking fee. Capital orders are returnable within 90 days of purchase for a 10% restocking fee.

Please visit our website at www.stryker.com
For questions or returns please call 1-800-435-0220

**** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE ****

**** FOR RETURNS PLEASE CALL 1-800-435-0220****

INVOICE

Case 18-07762-JJG-11 Claim 9-1 Part 2 Filed 10/17/18 Pg 6 of 10

stryker

7972232- E

Endoscopy

REMIT TO: STRYKER ENDOSCOPY
C/O STRYKER SALES CORPORATION
P.O.BOX 93276
CHICAGO IL 60673

** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE **

** FOR RETURNS PLEASE CALL 1-800-435-0220**

INVOICE

Case 18-07762-JJG-11 Claim 9-1 Part 2 Filed 10/17/18 Pg 7 of 10

stryker

7830040- E

Endoscopy**Bill To****Ship To:**

ATTN: ACCOUNTS PAYABLE

FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

Invoice No.	Invoice Date	PO No.	Acct No.	Sales Order No	Service Request No	Ship Via	Terms	Due Date
7830040-E	06-APR-18	272899	6401	53918297		FEDERAL EXPRESS	Net 30	06-MAY-18

No.	Item/GTIN	Description	Qty	Unit Price	Amount
1	S-H	Shipping and Handling	1	32.89	32.89
2	0250070500 37613327061391 07613327061390	PKG., ASSY., SUCTION / IRRIGATOR 2	2	303.61	607.22

INVOICE TOTAL	640.11
SALES TAX	0.00
TOTAL DUE	640.11

THANK YOU FOR YOUR BUSINESS

As stated in our product sale proposal, Stryker's terms of sale (see www.stryker.com/en-us/StrykerEndoSalesTerms/index.htm), which relate to the sale and purchase of products and services of Stryker Endoscopy, Stryker Communications, Stryker Sports Medicine, and Stryker ProCare, and any different or additional terms articulated by Stryker in such proposal govern this purchase as applicable and may not be rejected or revoked without the consent of Stryker Endoscopy's legal team. Additionally, any different or additional terms on any purchase order or other document submitted by Buyer are null and void unless explicitly approved by Stryker Endoscopy's legal team. Accordingly, acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms. If you have issue with any of Stryker's terms of sale, please contact your Stryker sales representative. By accepting the product/s and/or services, you have acknowledged and agreed to the foregoing.

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

All Endoscopy products are returnable if unopened within 30 days of purchase for a 10% restocking fee. Capital orders are returnable within 90 days of purchase for a 10% restocking fee.

Please visit our website at www.stryker.com
For questions or returns please call 1-800-435-0220

**** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE ****

**** FOR RETURNS PLEASE CALL 1-800-435-0220****

INVOICE

Case 18-07762-JJG-11 Claim 9-1 Part 2 Filed 10/17/18 Pg 8 of 10

stryker

7830040- E

Endoscopy

REMIT TO: STRYKER ENDOSCOPY
C/O STRYKER SALES CORPORATION
P.O.BOX 93276
CHICAGO IL 60673

** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE **

** FOR RETURNS PLEASE CALL 1-800-435-0220**

INVOICE

Case 18-07762-JJG-11 Claim 9-1 Part 2 Filed 10/17/18 Pg 9 of 10

stryker

7751078- E

Endoscopy**Bill To**

ATTN: ACCOUNTS PAYABLE

FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

Ship To:FAYETTE MEMORIAL HOSP
1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

Invoice No.	Invoice Date	PO No.	Acct No.	Sales Order No	Service Request No	Ship Via	Terms	Due Date
7751078-E	28-FEB-18	272605	6401	53863466		FEDERAL EXPRESS	Net 30	30-MAR-18

No.	Item/GTIN	Description	Qty	Unit Price	Amount
1	S-H	Shipping and Handling	1	32.89	32.89
2	0250070500 37613327061391 07613327061390	PKG., ASSY., SUCTION / IRRIGATOR 2	2	303.61	607.22

INVOICE TOTAL	640.11
SALES TAX	0.00
TOTAL DUE	640.11

THANK YOU FOR YOUR BUSINESS

As stated in our product sale proposal, Stryker's terms of sale (see www.stryker.com/en-us/StrykerEndoSalesTerms/index.htm), which relate to the sale and purchase of products and services of Stryker Endoscopy, Stryker Communications, Stryker Sports Medicine, and Stryker ProCare, and any different or additional terms articulated by Stryker in such proposal govern this purchase as applicable and may not be rejected or revoked without the consent of Stryker Endoscopy's legal team. Additionally, any different or additional terms on any purchase order or other document submitted by Buyer are null and void unless explicitly approved by Stryker Endoscopy's legal team. Accordingly, acceptance of Buyer's purchase order and shipping of Stryker product to Buyer does not serve as acceptance of any such different or additional terms. If you have issue with any of Stryker's terms of sale, please contact your Stryker sales representative. By accepting the product/s and/or services, you have acknowledged and agreed to the foregoing.

The total price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts for which separate documentation is provided by Stryker. Customer must (1) claim the value of all discounts and rebates in the fiscal year earned or immediately following fiscal year, (2) properly report and appropriately reflect prices paid net of all discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payers as may be required by law or contract, and (3) provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.

All Endoscopy products are returnable if unopened within 30 days of purchase for a 10% restocking fee. Capital orders are returnable within 90 days of purchase for a 10% restocking fee.

Please visit our website at www.stryker.com
For questions or returns please call 1-800-435-0220

**** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE ****

**** FOR RETURNS PLEASE CALL 1-800-435-0220****

INVOICE

stryker

7751078- E

Endoscopy

REMIT TO: STRYKER ENDOSCOPY
C/O STRYKER SALES CORPORATION
P.O.BOX 93276
CHICAGO IL 60673

** NO MERCHANDISE MAY BE RETURNED TO US FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE **

** FOR RETURNS PLEASE CALL 1-800-435-0220**

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: (15036197)
Stryker Endoscopy, a Division of Stryker
Corporati
c/o Lori L Purkey
Purkey & Associates, PLC
5050 Cascade Road, SE, Ste. A
Grand Rapids, MI 49546

Claim No: 9
Original Filed
Date: 10/17/2018
Original Entered
Date: 10/17/2018

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

Amount claimed: \$3200.55

History:

[Details](#)

[9-1](#) 10/17/2018 Claim #9 filed by Stryker Endoscopy, a Division of Stryker Corporati, Amount claimed: \$3200.55 (adm)

Description:

Remarks: (9-1) Account Number (last 4 digits):6401

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

Total Amount Claimed*	\$3200.55
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		