B10 (Official Form 10) (04/13)

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION
14 DEC 23 PM 1:09
M. REGINA THOMAS
CLERK
BY
DEPUTY CLERK

UNITED STATES BANKRUPTCY COURT Northern District of Georgia	PROOF OF CLAIM
Name of Debtor: Hutcheson Medical Center, Inc. / Case Number: 14-42863-pwb	
NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*	
Name of Creditor (the person or other entity to whom the debtor owes money or property): Direct Supply, Inc	COURT USE ONLY
Name and address where notices should be sent: Direct Supply, Inc, C/O Director of Financial Services, 6767 N Industrial Rd, Milwaukee, WI 53223. Telephone number: (414) 760-8142 email: rlampereur@directs.com	☐ Check this box if this claim amends a previously filed claim. Court Claim Number:_____ (*If known*) Filed on:_____
Name and address where payment should be sent (if different from above): Direct Supply, Inc, C/O Director of Financial Services, 6767 N Industrial Rd, Milwaukee, WI 53223. Telephone number: email:	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

RECEIVED
DEC 29 2014
BMC GROUP

1. Amount of Claim as of Date Case Filed: $ 7,552.92

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Products sold
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):
5 0 2 8	(See instruction #3a)	(See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: $_____

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Basis for perfection: _____

Value of Property: $_____

Amount of Secured Claim: $_____

Annual Interest Rate_____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

☐ Up to $2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__).

$_____

**Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #

Hutcheson Med POC
00050

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. *(See instruction #7. and the definition of "redacted".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☑ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Richard Lampereur
Title: Director of Financial Services
Company: Direct Supply, Inc.
Address and telephone number (if different from notice address above):

Richard Lampereur 12/18/14
(Signature) (Date)

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
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.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21572053
ACCOUNT #: 15028
INVOICE DATE: 3/12/2014
TERMS: NET 30
CUSTOMER PO #: 05658
ORDER #: 19449337
ACCOUNT MANAGER: 1-800-634-7328
Sales Team Six 01
ORDER PLACED BY: PO 05658

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
93152	Direct Choice Bedside Mat, Bi-Folding, 36iWx68iLx2iH	EACH	6	6	$69.99	$419.94
					SUBTOTAL	$419.94
					FREIGHT	$58.53
					TAX	$0.00
					TOTAL	$478.47
					AMOUNT PAID	-$399.90
					BALANCE DUE	$78.57

We Appreciate Your Business!

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

Discounts: The anti-kickback regulations of the Social Security Act require that we advise you that the net price of products or services on this invoice may reflect discounts, rebates or credits you received or may receive. The Act requires you and your facilities to fully and accurately report these items and the actual product or service price you paid in any applicable cost report, claim or charge to any federal state health care program, and certain third parties. Upon request by the Office of Inspector General, Secretary of HHS or any state agency, you must provide a copy of any agreement between you and us as well as relevant information regarding these discounts and the actual product prices you paid.

Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21572053
ACCOUNT #: 15028
INVOICE DATE: 3/12/2014
ORDER #: 19449337

AMOUNT DUE: $78.57

1502800000215720530000312140000000478472

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21581427
ACCOUNT #: 15028
INVOICE DATE: 3/14/2014
TERMS: NET 30
CUSTOMER PO #: 05905
ORDER #: 19494183
ACCOUNT MANAGER: 1-800-634-7328 Sales Team Six 01
ORDER PLACED BY: PO 05905

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
84965	Blade Dispenser, 10 Blades/Dispenser	TUBE	2	2	$10.49	$20.98

SUBTOTAL	$20.98
FREIGHT	$9.99
TAX	$0.00
TOTAL	$30.97
AMOUNT PAID	$0.00
BALANCE DUE	$30.97

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $0.80 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

Discounts: The anti-kickback regulations of the Social Security Act require that we advise you that the net price of products or services on this invoice may reflect discounts, rebates or credits you received or may receive. The Act requires you and your facilities to fully and accurately report these items and the actual product or service price you paid in any applicable cost report, claim or charge to any federal state health care program, and certain third parties. Upon request by the Office of Inspector General, Secretary of HHS or any state agency, you must provide a copy of any agreement between you and us as well as relevant information regarding these discounts and the actual product prices you paid.

Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21581427
ACCOUNT #: 15028
INVOICE DATE: 3/14/2014
ORDER #: 19494183

AMOUNT DUE: $30.97

1502800000215814270000314140000000030978

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21588449
ACCOUNT #: 15028
INVOICE DATE: 3/18/2014
TERMS: NET 30
CUSTOMER PO #: 05954
ORDER #: 19501825
ACCOUNT MANAGER: 1-800-634-7328 Sales Team Six 01
ORDER PLACED BY: PO 05954

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
33285	Economy Elevating Legrest, Composite Footplate, Black Plastic Calf Pad	PAIR	3	3	$46.99	$140.97

SUBTOTAL	$140.97
FREIGHT	$5.10
TAX	$0.00
TOTAL	$146.07
AMOUNT PAID	$0.00
BALANCE DUE	$146.07

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $3.00 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

Discounts: The anti-kickback regulations of the Social Security Act require that we advise you that the net price of products or services on this invoice may reflect discounts, rebates or credits you received or may receive. The Act requires you and your facilities to fully and accurately report these items and the actual product or service price you paid in any applicable cost report, claim or charge to any federal state health care program, and certain third parties. Upon request by the Office of Inspector General, Secretary of HHS or any state agency, you must provide a copy of any agreement between you and us as well as relevant information regarding these discounts and the actual product prices you paid.

Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

Please enclose remittance slip to ensure proper credit

Erlanger at Hutcheson-MED

INVOICE #: 21588449
ACCOUNT #: 15028
INVOICE DATE: 3/18/2014
ORDER #: 19501825
AMOUNT DUE: $146.07

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

1502800000215884490000318140000000146074

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21594258
ACCOUNT #: 15028
INVOICE DATE: 3/20/2014
TERMS: NET 30
CUSTOMER PO #: 05954
ORDER #: 19501825
ACCOUNT MANAGER: 1-800-634-7328
Sales Team Six 01
ORDER PLACED BY: PO 05954

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
96116-3	Tracer EX2 Wheelchair, Stock, 16ID Frame, Fixed Height Removable Arms Width = 18i; Armrest Style = Desk Length	EACH	3	3	$127.99	$383.97

SUBTOTAL	$383.97
FREIGHT	$13.90
TAX	$0.00
TOTAL	$397.87
AMOUNT PAID	$0.00
BALANCE DUE	$397.87

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $18.00 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

Discounts: The anti-kickback regulations of the Social Security Act require that we advise you that the net price of products or services on this invoice may reflect discounts, rebates or credits you received or may receive. The Act requires you and your facilities to fully and accurately report these items and the actual product or service price you paid in any applicable cost report, claim or charge to any federal state health care program, and certain third parties. Upon request by the Office of Inspector General, Secretary of HHS or any state agency, you must provide a copy of any agreement between you and us as well as relevant information regarding these discounts and the actual product prices you paid.

Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21594258
ACCOUNT #: 15028
INVOICE DATE: 3/20/2014
ORDER #: 19501825
AMOUNT DUE: $397.87

150280000021594258000032014000000397878

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21601483
ACCOUNT #: 15028
INVOICE DATE: 3/24/2014
TERMS: NET 30
CUSTOMER PO #: 05643
ORDER #: 19449232
ACCOUNT MANAGER: 1-800-246-6720 Steve Enriquez
ORDER PLACED BY: Ms. Rhonda Sisk

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
77855-2	Impact Shower Curtain w/o Mesh 37-48iW x 37-72iH Pattern = Bezel; Color = 10/Spa Order Requirement = 48 x 72	EACH	2	2	$57.99	$115.98
77855-11	Impact Shower Curtain w/o Mesh 37-48iW x 37-72iH Pattern = Matrix; Color = Pebble Order Requirement = 48 x 72	EACH	1	1	$57.99	$57.99
77855-1	Impact Shower Curtain w/o Mesh 37-48iW x 37-72iH Pattern = Bezel; Color = 07/Cedar Order Requirement = 48 x 72	EACH	2	2	$57.99	$115.98

SUBTOTAL	$289.95
FREIGHT	$20.26
TAX	$0.00
TOTAL	$310.21
AMOUNT PAID	$0.00
BALANCE DUE	$310.21

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $10.00 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

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Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21601483
ACCOUNT #: 15028
INVOICE DATE: 3/24/2014
ORDER #: 19449232

AMOUNT DUE: $310.21

1502800000216014830000324140000000310210

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21603631
ACCOUNT #: 15028
INVOICE DATE: 3/24/2014
TERMS: NET 30
CUSTOMER PO #: 06059
ORDER #: 19513750
ACCOUNT MANAGER: 1-866-810-0268 Chris Jaeger
ORDER PLACED BY: PO 06059

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
50236	Door Guard Alzheimer's Barrier Mesh Stop Sign	EACH	15	15	$22.99	$344.85

SUBTOTAL	$344.85
FREIGHT	$11.50
TAX	$0.00
TOTAL	$356.35
AMOUNT PAID	$0.00
BALANCE DUE	$356.35

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $15.00 from this invoice.

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Notice of Discount Reporting & Use Tax Payment Obligations

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Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: **Direct Supply, Inc.**
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21603631
ACCOUNT #: 15028
INVOICE DATE: 3/24/2014
ORDER #: 19513750
AMOUNT DUE: **$356.35**

1502800000216036310000324140000000356354

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21614016
ACCOUNT #: 15028
INVOICE DATE: 3/27/2014
TERMS: NET 30
CUSTOMER PO #: 06122
ORDER #: 19521842
ACCOUNT MANAGER: 1-866-810-0268 Chris Jaeger
ORDER PLACED BY: Ms. Rhonda Sisk

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
84965	Blade Dispenser, 10 Blades/Dispenser	TUBE	2	2	$10.49	$20.98

SUBTOTAL	$20.98
FREIGHT	$9.99
TAX	$0.00
TOTAL	$30.97
AMOUNT PAID	$0.00
BALANCE DUE	$30.97

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $0.80 from this invoice.

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Notice of Discount Reporting & Use Tax Payment Obligations

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Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: **Direct Supply, Inc.**
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21614016
ACCOUNT #: 15028
INVOICE DATE: 3/27/2014
ORDER #: 19521842
AMOUNT DUE: **$30.97**

1502800000216140160000327140000000309 71

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21658504
ACCOUNT #: 15028
INVOICE DATE: 4/11/2014
TERMS: NET 30
CUSTOMER PO #: 06159
ORDER #: 19529488
ACCOUNT MANAGER: 1-866-810-0268 Chris Jaeger
ORDER PLACED BY: Ms. Rhonda Sisk

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
46536-53	Contemporary Series, 2-Slot Rm Sign w/Braille, 5-1/2i x 5-1/2i Color = Dolphin Gray Product Worksheet: Text Color[White] 100, 101, 102, 114, 116, 117, 118	EACH	7	7	$31.99	$223.93

SUBTOTAL	$223.93
FREIGHT	$11.50
TAX	$0.00
TOTAL	$235.43
AMOUNT PAID	$0.00
BALANCE DUE	$235.43

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $14.00 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

Discounts: The anti-kickback regulations of the Social Security Act require that we advise you that the net price of products or services on this invoice may reflect discounts, rebates or credits you received or may receive. The Act requires you and your facilities to fully and accurately report these items and the actual product or service price you paid in any applicable cost report, claim or charge to any federal state health care program, and certain third parties. Upon request by the Office of Inspector General, Secretary of HHS or any state agency, you must provide a copy of any agreement between you and us as well as relevant information regarding these discounts and the actual product prices you paid.

Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21658504
ACCOUNT #: 15028
INVOICE DATE: 4/11/2014
ORDER #: 19529488
AMOUNT DUE: $235.43

1502800000216585040000411140000000235437

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21698856
ACCOUNT #: 15028
INVOICE DATE: 4/28/2014
TERMS: NET 30
CUSTOMER PO #: 06442
ORDER #: 19578058
ACCOUNT MANAGER: 1-866-810-0268 Chris Jaeger
ORDER PLACED BY: Ms. Rhonda Sisk

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
46536-53	Contemporary Series, 2-Slot Rm Sign w/Braille, 5-1/2i x 5-1/2i Color = Dolphin Gray Product Worksheet: Text Color[White] 119,120,121,122,123;123,126,127	EACH	8	8	$31.00	$248.00

SUBTOTAL	$248.00
FREIGHT	$11.50
TAX	$0.00
TOTAL	$259.50
AMOUNT PAID	$0.00
BALANCE DUE	$259.50

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $23.92 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

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Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21698856
ACCOUNT #: 15028
INVOICE DATE: 4/28/2014
ORDER #: 19578058
AMOUNT DUE: $259.50

1502800000216988560000428140000000259501

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21740723
ACCOUNT #: 15028
INVOICE DATE: 5/12/2014
TERMS: NET 30
CUSTOMER PO #: 06864
ORDER #: 19637220
ACCOUNT MANAGER: 1-866-810-0268 Chris Jaeger
ORDER PLACED BY: PO 06864 Parkside

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
32345	Attendant Deluxe Alarm and 45-Day Bed Pad, 10ix30i	EACH	5	5	$59.99	$299.95
92675	Attendant Deluxe Alarm and 45-Day Chair Pad, 7ix15i	EACH	5	5	$47.99	$239.95
92447	Replacement Attendant Pad, Chair, 45-Day, 7ix15i, Straight Cord	EACH	10	10	$13.59	$135.90
94007	Attendant Economy Pull String Magnet Alarm	EACH	10	10	$16.99	$169.90

SUBTOTAL	$845.70
FREIGHT	$0.00
TAX	$0.00
TOTAL	$845.70
AMOUNT PAID	$0.00
BALANCE DUE	$845.70

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $44.00 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

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Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21740723
ACCOUNT #: 15028
INVOICE DATE: 5/12/2014
ORDER #: 19637220
AMOUNT DUE: $845.70

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DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21755159
ACCOUNT #: 15028
INVOICE DATE: 5/19/2014
TERMS: NET 30
CUSTOMER PO #: 06220
ORDER #: 19543383
ACCOUNT MANAGER: 1-800-815-3585 Ross Fishbain
ORDER PLACED BY: Mr. Steve Fisher

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
93000	Recliner, Cushioned Arm, Grade 14 Product Worksheet: Manufacturer:Pattern[Standard Textile:Alias/Whisper :] Color:SKU[Antelope:VH925106 :]	EACH	6	6	$725.00	$4,350.00

SUBTOTAL	$4,350.00
FREIGHT	$218.17
TAX	$0.00
TOTAL	$4,568.17
AMOUNT PAID	$0.00
BALANCE DUE	$4,568.17

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $804.00 from this invoice.

You can view your invoices and account status online, anytime at www.directsupply.net!

Notice of Discount Reporting & Use Tax Payment Obligations

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DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21755159
ACCOUNT #: 15028
INVOICE DATE: 5/19/2014
ORDER #: 19543383
AMOUNT DUE: $4,568.17

1502800000217551590000519140000045681?2

DIRECT SUPPLY

For billing inquiries, please contact:
Justin Rose
1-888-850-0887 FAX 1-800-250-1961

BILL TO: Attn: Accounts Payable
Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

INVOICE #: 21778365
ACCOUNT #: 15028
INVOICE DATE: 5/29/2014
TERMS: NET 30
CUSTOMER PO #: 06946
ORDER #: 19646155
ACCOUNT MANAGER: 1-866-810-0268 Chris Jaeger
ORDER PLACED BY: Ms. Rhonda Sisk

SHIP TO: Erlanger at Hutcheson-MED
100 Gross Crescent Cir
Fort Oglethorpe, GA 30742-3643

ITEM#	DESCRIPTION	U/M	ORD	INV'D	PRICE	EXT. PRICE
46536-53	Contemporary Series, 2-Slot Rm Sign w/Braille, 5-1/2i x 5-1/2i Color = Dolphin Gray Product Worksheet: Text Color[White] 124,128,129,130,131,132,133,134,135	EACH	9	9	$31.29	$281.61

SUBTOTAL	$281.61
FREIGHT	$11.50
TAX	$0.00
TOTAL	$293.11
AMOUNT PAID	$0.00
BALANCE DUE	$293.11

Your affiliation with MedAssets pays every time you buy from Direct Supply. We have already deducted your savings of $24.30 from this invoice.

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Use Tax: We will add to your invoice(s) and you agree to pay us any and all applicable sales and use tax in addition to the purchase price.

DIRECT SUPPLY

FINANCIAL SERVICES
1-800-634-7338
SALES OFFICES
1-800-634-7328
FEDERAL ID# 39-1519806

Please enclose remittance slip to ensure proper credit
Erlanger at Hutcheson-MED

Remit To: Direct Supply, Inc.
Box 88201
Milwaukee, WI 53288-0201

INVOICE #: 21778365
ACCOUNT #: 15028
INVOICE DATE: 5/29/2014
ORDER #: 19646155
AMOUNT DUE: $293.11

1502800000217783650000529140000002931144

Northern District of Georgia
Claims Register

14-42863-pwb Hutcheson Medical Center, Inc.

Judge: Paul W. Bonapfel **Chapter:** 11
Office: Rome **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (18707876) Direct Supply Inc c/o Director of Financial Services 6767 N Industrial Rd Milwaukee WI 53223	**Claim No: 50** *Original Filed Date:* 12/23/2014 *Original Entered Date:* 12/23/2014	*Status:* *Filed by:* CR *Entered by:* mrr *Modified:*
Amount claimed: $7552.92		

History:

Details	50-1	12/23/2014	Claim #50 filed by Direct Supply Inc, Amount claimed: $7552.92 (mrr)

Description:
Remarks:

Claims Register Summary

Case Name: Hutcheson Medical Center, Inc.
Case Number: 14-42863-pwb
Chapter: 11
Date Filed: 11/20/2014
Total Number Of Claims: 1

Total Amount Claimed*	$7552.92
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		