

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Northern District of Georgia		FILED IN CLERK'S OFFICE U.S. BANKRUPTCY COURT N. DISTRICT OF GEORGIA DIVISION 15 FEB 17 PM 1:26 H. NEENA THOMAS CLERK BY _____ DEPUTY CLERK COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
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): Stryker Endoscopy a Division of Stryker Corporation		
Name and address where notices should be sent: Lori L. Purkey Purkey & Associates, PLC 5050 Cascade Rd., SE. Ste. A Grand Rapids, MI 49546		
Telephone number: (616) 940-0553 email: Purkey@purkeyandassociates.com		
Name and address where payment should be sent (if different from above):		
Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <u>4,954.19</u>		RECEIVED FEB 23 2015 BMC GROUP
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. <input type="checkbox"/> 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: <u>Sale of goods</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 4 8 6 9	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725* 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).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Amount entitled to priority: \$ _____
<input type="checkbox"/> Up to \$2,600* 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"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
*Amounts are subject to adjustment on 4/1/13 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 #6)		

Hutcheson Med POC

 00117

B 10 (Official Form 10) (12/11)

2

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, and security agreements. 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. (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, I am a guarantor, surety, indorser, or other codebtor.
 (Attach copy of power of attorney, if any.) or their authorized agent. (See Bankruptcy Rule 3004.)

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: Lori L. Purkey
 Title: Attorney
 Company: _____
 Address and telephone number (if different from notice address above): _____

Lori L. Purkey 02/10/2015
 (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. 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, attach a complete copy of any power of attorney, and 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.

INVOICE



5498850- E

Endoscopy

Bill To:

Ship To:

HUTCHESON MEDICAL CTR
 100 GROSS CRESCENT
 FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CTR
 TRI COUNTY HOSPITAL
 100 GROSS CRESCENT
 FORT OGLETHORPE, GA 30742

Invoice No.	Date	Order No.	Claim No.	Ship No.	Test No.	Carrier	Terms	Due Date
5498850-E	27-JUN-14	07662	4869	52322286		FEDERAL EXPRESS	Net 30	27-JUL-14

Qty	Item	Description	Unit	Price	Amount
1	S-H	Shipping and Handling	1	40.48	40.48
2	0250070500	PKG., ASSY., SUCTION / IRRIGATOR 2	3	237.50	712.50

INVOICE TOTAL 752.98
 SALES TAX 0.00
TOTAL DUE 752.98

THANK YOU FOR YOUR BUSINESS

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

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



5539712- E

Endoscopy

Bill To:

Ship To:

HUTCHESON MEDICAL CTR
100 GROSS CRESCENT

FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CTR
TRI COUNTY HOSPITAL
100 GROSS CRESCENT
FORT OGLETHORPE, GA 30742

Invoice No.	Date	Order No.	PO No.	Product Code	Shipping Method	Terms	Due Date
5539712-E	25-JUL-14	07909	4869	52337801	FEDERAL EXPRESS	Net 30	24-AUG-14

No.	Item	Description	Qty	Unit Price	Amount
1	S-H	Shipping and Handling	1	40.48	40.48
2	0250070500	PKG., ASSY., SUCTION / IRRIGATOR 2	3	237.50	712.50

INVOICE TOTAL	752.98
SALES TAX	0.00
TOTAL DUE	752.98

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CHICAGO IL 60673

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INVOICE



5566015- E

Endoscopy

Bill To:

Ship To:

HUTCHESON MEDICAL CTR
100 GROSS CRESCENT

FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CTR
TRI COUNTY HOSPITAL
100 GROSS CRESCENT
FORT OGLETHORPE, GA 30742

5566015-E	13-AUG-14	08347	4869	52362041		FEDERAL EXPRESS	Net 30	12-SEP-14
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No.	Item	Description	Units	Price	Total
1	S-H	Shipping and Handling	1	40.48	40.48
2	0250070500	PKG., ASSY., SUCTION / IRRIGATOR 2	3	237.50	712.50

INVOICE TOTAL 752.98
SALES TAX 0.00
TOTAL DUE 752.98

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P.O. BOX 93276
CHICAGO IL 60673

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

INVOICE



5594675- E

Endoscopy

Bill To:

Ship To:

HUTCHESON MEDICAL CTR
 100 GROSS CRESCENT
 FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CTR
 TRI COUNTY HOSPITAL
 100 GROSS CRESCENT
 FORT OGLETHORPE, GA 30742

5594675-E	02-SEP-14	08621	4869	52380465	FEDERAL EXPRESS	Net 30	02-OCT-14
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Item	Qty	Description	Unit	Price	Total
1	S-H	Shipping and Handling	1	46.14	46.14
2	0250070500	PKG., ASSY., SUCTION / IRRIGATOR 2	1	237.50	237.50

INVOICE TOTAL 283.64
 SALES TAX 0.00
 TOTAL DUE 283.64

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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.

Steve Fisher
 706-858-2089
 Call

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 C/O STRYKER SALES CORPORATION
 P.O. BOX 93276
 CHICAGO IL 60673

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INVOICE



5596321- E

Endoscopy

Bill To:

Ship To:

HUTCHESON MEDICAL CTR
100 GROSS CRESCENT

FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CTR
TRI COUNTY HOSPITAL
100 GROSS CRESCENT
FORT OGLETHORPE, GA 30742

5596321-E	03-SEP-14	08621	4869	52380465		FEDERAL EXPRESS	Net 30	03-OCT-14
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No.	LT	Description	Qty	Unit Price	Amount
1	S-H	Shipping and Handling	1	40.48	40.48
2	0250070500	PKG., ASSY., SUCTION / IRRIGATOR 2	3	237.50	712.50

INVOICE TOTAL 752.98
SALES TAX 0.00
TOTAL DUE 752.98

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Steve Fisher
706-858-2089
Call

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CHICAGO IL 60673

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INVOICE



5616549- E

Endoscopy

Bill To:

Ship To:

HUTCHESON MEDICAL CTR
100 GROSS CRESCENT

FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CTR
TRI COUNTY HOSPITAL
100 GROSS CRESCENT
FORT OGLETHORPE, GA 30742

5616549-E	17-SEP-14	08814	4869	52392357		FEDERAL EXPRESS	Net 30	17-OCT-14
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No.	Term	Description	Qty	Price	Amount
1	S-H	Shipping and Handling	1	40.48	40.48
2	0250070500	PKG., ASSY., SUCTION / IRRIGATOR 2	3	237.50	712.50

INVOICE TOTAL 752.98
SALES TAX 0.00
TOTAL DUE 752.98

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CHICAGO IL 60673

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INVOICE



5641568- E

Endoscopy

Bill To:

Ship To:

HUTCHESON MEDICAL CTR
100 GROSS CRESCENT

FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CTR
TRI COUNTY HOSPITAL
100 GROSS CRESCENT
FORT OGLETHORPE, GA 30742

5641568-E	02-OCT-14	09032	4869	52407629	FEDERAL EXPRESS	Net 30	01-NOV-14
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Item	Description	Qty	Unit Price	Amount
1	S-H Shipping and Handling	1	40.48	40.48
2	0250070500 PKG., ASSY., SUCTION / IRRIGATOR 2	3	288.39	865.17

INVOICE TOTAL 905.65
SALES TAX 0.00
TOTAL DUE 905.65

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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:** 05/01/2015
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (18824912) Stryker Endoscopy, a div of Stryker Corp Lori L Purkey Purkey & Associates PLC 5050 Cascade Rd. SE Ste A Grand Rapids MI 49546	Claim No: 104 <i>Original Filed</i> Date: 02/17/2015 <i>Original Entered</i> Date: 02/17/2015	<i>Status:</i> Filed by: CR Entered by: mrr Modified:
Amount claimed: \$4954.19		

History:

<u>Details</u>	<u>104-</u>	02/17/2015 Claim #104 filed by Stryker Endoscopy, a div of Stryker Corp.
	<u>1</u>	Amount claimed: \$4954.19 (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*	\$4954.19
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		

