

LHR



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NOV 13 2020

LEGAL SERVICES

Fill in this information to identify the case:

Debtor 1 Lakes Regional General Hospital

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Hampshire

Case number 20-10892

Official Form 410

Proof of Claim

04/19

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>MXR Imaging, 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 <u>Merry X-Ray</u>	
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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>MXR Imaging, Inc</u> Name <u>8020 Tyler Blvd</u> Number Street <u>Mentor</u> <u>OH</u> <u>44060</u> City State ZIP Code Contact phone <u>440-701-1200</u> Contact email <u>carol.tamburro@mxrimaging.com</u>	Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
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 <u>11/06/2020</u> MM / DD / YYYY	
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? ☐ No
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 0 8 1 6

7. How much is the claim? \$ 1,316.83. Does this amount include interest or other charges?
☒ No
☐ 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 health care information.
Goods Sold

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
- Nature of property:**
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ 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.)
- Value of property:** \$ 1,316.83
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.)
- Amount necessary to cure any default as of the date of the petition:** \$ 1,316.83
- Annual Interest Rate** (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check one:

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

☐ Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$13,650*) 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).

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

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

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/22 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 11/06/2020
MM / DD / YYYY


Signature

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

Name Amy J. Stange
First name Middle name Last name
Title Supervisor Credit and Collections
Company MXR Imaging, Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.
Address 8020 Tyler Blvd
Number Street
Mentor OH 44060
City State ZIP Code
Contact phone 440-701-1200 Email carol.tamburro@mxrimaging.com



Customer Statement

DATE	ACCT.NO	PAGE
11/06/2020	3010816	1 of 1

^ Please Refer to above number
in all correspondence

BILL TO:

LAKES REGIONAL GENERAL HOSPITA
80 HIGHLAND STREET
LACONIA NH 03246
USA

REMIT TO:

MXR IMAGING, INC.
4909 MURPHY CANYON RD STE 120
SAN DIEGO CA 92123
USA

ANY QUESTION REGARDING THIS STATEMENT CALL: 866-326-1362 Ext 11237

INVOICE DATE	SAP DOC. / INV.	BILLING REFERENCE	PURCHASE ORDER NO.	DV	TERMS OF SALE	INVOICE AMOUNT	CURR	CASH/CRED. PROC.	OPEN AMOUNT
06/26/2019	8800476860	0090463734	3000027610	3	Net 30 Days	0.00	USD	-49.22	-49.22
09/17/2020	8800666624	0090640940	3000040455	3	Net 30 Days	294.92	USD	0.00	294.92
10/02/2020	8800674058	0090647407	3000040887	3	Net 30 Days	122.39	USD	0.00	122.39
10/08/2020	8800675995	0090649396	3000041120	3	Net 30 Days	817.42	USD	0.00	817.42
10/14/2020	8800678029	0090651527	3000041250	3	Net 30 Days	131.32	USD	0.00	131.32

Balance As Of: 11/06/2020

NOVEMBER STATEMENT BALANCE 1,316.83

CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	TOTAL BALANCE DUE
948.74	417.31	0.00	0.00	-49.22	1,316.83

We report to

dun & bradstreet

to better serve the credit community

CREDIT FOR RETURN



PURCHASE ORDER 3000027610			INVOICE/FID [REDACTED]	INVOICE DATE 06/26/2019	ACCOUNT NO [REDACTED]
SALES OFFICE 111	ORDER DATE 06/25/2019	DIVISION 30	PAYMENT TERMS Net 30 Days		DUE DATE 07/26/2019

SOLD TO:1002040
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA

BILL TO:
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA

SHIP TO:2015805
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA
Pharm lic#0065

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
1	CA	100694	Sales Order No: 60010061 Original Invoice No: 90461088 Return Reason: Material Damaged in Transit 723 READICAT 2 ORANGE/VAN 450104	-\$49.22	-\$49.22
				SubTotal:	-\$49.22
				Tax:	-\$0.00
				Total:	-\$49.22

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT AS AMENDED, AND OF REGULATIONS THERE UNDER. SUCH GOODS MAY OR MAY NOT CONTAIN REMANUFACTURED COMPONENTS FOLLOWING LIMITED PRIOR USE WHICH CONFORM TO NEW COMPONENT AND SYSTEM PERFORMANCE SPECIFICATIONS. ALL RETURNED GOODS MUST BE AUTHORIZED BY MXR IMAGING, INC., PRIOR TO THEIR RETURN. ALL RETURNS OF MERCHANDISE SHIPPED CORRECTLY ARE SUBJECT TO A RESTOCKING CHARGE. ALL REQUESTS FOR PROOF OF DELIVERY MUST BE SUBMITTED WITHIN 30 DAYS OF INVOICE DATE.

RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

****Please note new Remit-To address****

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MXR IMAGING, INC.
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123 USA

PURCHASE ORDER 3000027610	INVOICE/FID [REDACTED]	INVOICE DATE 06/26/2019	ACCOUNT NO [REDACTED]	CUSTOMER NAME LAKES REGIONAL GENERAL HOSPITA
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BILLING REF: 90463734

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

-\$49.22

INVOICE



THE IMAGING
SOLUTIONS COMPANY

PURCHASE ORDER 3000040455			INVOICE/FID [REDACTED]	INVOICE DATE 09/17/2020	ACCOUNT NO [REDACTED]
SALES OFFICE 109	ORDER DATE 09/17/2020	DIVISION 30	PAYMENT TERMS Net 30 Days		DUE DATE 10/17/2020

SOLD TO:1002040
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA

BILL TO:
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA

SHIP TO:2015805
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA
Pharm lic#0065

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 455358 Outbound Delivery: 80433579 Carrier: FEDEX GROUND Tracking No.: 907730295967 Carton Count: 4 Weight: 120.000 Ship Date: 09/17/2020		
4	CA	100694	723 READICAT 2 ORANGE/VAN 450104	\$49.22	\$196.88
1	001	FRT30	Freight	\$83.04	\$83.04
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal:	\$294.92
				Tax:	\$0.00
				Total:	\$294.92

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

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RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

****Please note new Remit-To address****

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MXR IMAGING, INC.
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123 USA

PURCHASE ORDER 3000040455	INVOICE/FID [REDACTED]	INVOICE DATE 09/17/2020	ACCOUNT NO [REDACTED]	CUSTOMER NAME LAKES REGIONAL GENERAL HOSPITAL
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BILLING REF: 90640940

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$294.92

INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
3000040887				10/02/2020	
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
109	10/01/2020	30	Net 30 Days		11/01/2020

SOLD TO:1002040
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LA CONIA NH 03246
USA

BILL TO:
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LA CONIA NH 03246
USA

SHIP TO:2015805
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LA CONIA NH 03246
USA
Pharm lic#0065

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 459669 Outbound Delivery: 80437528 Carrier: FEDEX GROUND Tracking No.: 907730314315 Carton Count: 1 Weight: 1.150 Ship Date: 10/02/2020		
1	EA	111894	778 BAR SULFATE DISC 100/BTL 902102	\$98.32	\$98.32
1	001	FRT30	Freight	\$9.07	\$9.07
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal:	\$122.39
				Tax:	\$0.00
				Total:	\$122.39

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

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RETURN THIS PORTION WITH PAYMENT FOR PROPER CREDIT

*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER
FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

****Please note new Remit-To address****

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MXR IMAGING, INC.
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123 USA

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
3000040887		10/02/2020		LAKES REGIONAL GENERAL HOSPITA

BILLING REF: 90647407

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$122.39

INVOICE



THE IMAGING
SOLUTIONS COMPANY

PURCHASE ORDER 3000041120			INVOICE/FID [REDACTED]	INVOICE DATE 10/08/2020	ACCOUNT NO [REDACTED]
SALES OFFICE 109	ORDER DATE 10/08/2020	DIVISION 30	PAYMENT TERMS Net 30 Days		DUE DATE 11/07/2020

SOLD TO:1002040
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA

BILL TO:
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA

SHIP TO:2015805
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA
Pharm lic#0065

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 461641 Outbound Delivery: 80439277 Carrier: FEDEX GROUND Tracking No.: 907730322747 Carton Count: 3 Weight: 41.150 Ship Date: 10/08/2020		
2	CA	113080	D115 VARIBAR NECTAR 240ML 900002	\$352.39	\$704.78
1	CA	102987	793 E Z GAS II 902001	\$54.58	\$54.58
1	001	FRT30	Freight	\$43.06	\$43.06
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal:	\$817.42
				Tax:	\$0.00
				Total:	\$817.42

A SERVICE CHARGE OF 1.5% PER MONTH WILL BE CHARGED FROM THE DATE OF THE INVOICE ON ALL ACCOUNTS NOT PAID WHEN DUE

PAGE: 1 OF 1

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*NOTICE: YOU MAY BE REQUIRED TO REPORT DISCOUNTS ON ITEMS/SERVICES PAID FOR UNDER FEDERAL HEALTH CARE PROGRAM (REF. 42 CFR 1001.952(h))

Please note new Remit-To address

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MXR IMAGING, INC.
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123 USA

PURCHASE ORDER 3000041120	INVOICE/FID [REDACTED]	INVOICE DATE 10/08/2020	ACCOUNT NO [REDACTED]	CUSTOMER NAME LAKES REGIONAL GENERAL HOSPITA
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BILLING REF: 90649396

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$817.42

INVOICE



PURCHASE ORDER			INVOICE/FID	INVOICE DATE	ACCOUNT NO
3000041250				10/14/2020	
SALES OFFICE	ORDER DATE	DIVISION	PAYMENT TERMS		DUE DATE
109	10/14/2020	30	Net 30 Days		11/13/2020

SOLD TO:1002040
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA

BILL TO:
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA

SHIP TO:2015805
LAKES REGIONAL GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
USA
Pharm lic#0065

QTY	U/M	REFERENCE/ ITEM NO	DESCRIPTION	UNIT PRICE	EXTENDED AMT
			Sales Order No.: 462967 Outbound Delivery: 80440569 Carrier: FEDEX GROUND Tracking No.: 907730330631 Carton Count: 1 Weight: 2.000 Ship Date: 10/14/2020		
2	EA	123078	D125 VARIBAR 230ML TBE PUDD 900006	\$52.93	\$105.86
1	001	FRT30	Freight	\$10.46	\$10.46
1	001	DELFECC30	Delivery Fee - Common Carrier	\$15.00	\$15.00
				SubTotal:	\$131.32
				Tax:	\$0.00
				Total:	\$131.32

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Please note new Remit-To address

*WHEN PAYING BY CREDIT CARD A 3% CONVENIENCE FEE WILL BE ADDED

REMIT TO:

MXR IMAGING, INC.
4909 MURPHY CANYON RD STE 120
SAN DIEGO, CA 92123 USA

PURCHASE ORDER	INVOICE/FID	INVOICE DATE	ACCOUNT NO	CUSTOMER NAME
3000041250		10/14/2020		LAKES REGIONAL GENERAL HOSPITA

BILLING REF: 90651527

ANY QUESTIONS REGARDING THIS INVOICE CALL :
866-326-1362

AMOUNT PAID

AMOUNT DUE

\$131.32

CERTIFIED MAIL®

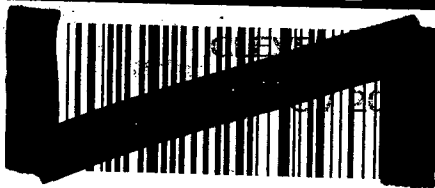


MERRY X-RAY CORPORATION

8020 Tyler Blvd.

SourceOne Bldg.

Mentor, OH 44060



7018 3090 0001 5779 1303

NEOPOST

FIRST-CLASS MAIL

11/10/2020

US POSTAGE

\$004.20⁰⁰



ZIP 44060
041M11291653

RECEIVED

NOV 13 2020

LEGAL SERVICES

*LRG Healthcare Claims Processing Center
c/o EPIQ Corporate Restructuring
PO Box 4421
Beaverton OR 97076-4421*

97076-042121

