Fill in this information to identify the case:

Debtor 1 LRGHealthcare

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?

Verathon Inc
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?

☑ No
☐ 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?	Where should payments to the creditor be sent? (if different)
Name: Verathon Inc	Name: Verathon Inc
Number Street: 20001 North Creek Pkwy	Number Street: PO BOX 935117
City: Bothell State: WA ZIP Code: 98001	City: Atlanta State: GA ZIP Code: 31193
Contact phone: 800 213-2313	Contact phone: 800-331-2313
Contact email: creditmgr@verathon.com	Contact email: Paymy.invoice@verathon.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one): ____

4. Does this claim amend one already filed?

☑ No
☐ Yes. Claim number on court claims registry (if known) ____ Filed on ____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☑ No
☐ 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: 1 9 0 6

7. **How much is the claim?** $ 12,536.33. **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: $__________
   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: $__________

   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)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check one:*

	Amount entitled to priority
☐ 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.	$________

* 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 11/09/2020
MM / DD / YYYY

Signature ________________

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

Name ________________
First name Middle name Last name

Title ________________

Company ________________
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address ________________
Number Street

____
City State ZIP Code

Contact phone ________ Email ________

LRGHealthcare
Care. Compassion. Community.

Purchase Order

Lakes Region General Hospital
80 HIGHLAND STREET
LACONIA NH 03246
United States

Approved		**Dispatch Via Print**
Purchase Order 300-3000037618	**Date** 05-26-2020	**Revision**
Payment Terms Net 30	**Freight Terms** FOB:DESTINATION	**Ship Via** BESTWAY
Buyer Judy Beck	**Phone**	**Fax**

Supplier: 1000654375
VERATHON, INC
20001 NORTH CREEK
PARKWAY
ACCT 91906
BOTHELL WA 98011-8218
United States
P: 800/331-2313

Ship To: LAKES REGION
GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
United States

Attention: See Detail Below

Bill To: 80 HIGHLAND STREET
LACONIA NH 03246
United States

Tax Exempt? Y **Tax Exempt ID:** . **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	0270-0681 STYLET GLIDE RITE NONSTERILE REUSABLE	VERATHON INC	1.00	BX	350.00	350.00	05/26/2020

Attention: Carl Champoux

Schedule Total 350.00

Item Total 20009393 350.00

Total PO Amount 350.00

Authorized

VERATHON

INVOICE

Purchase Order
300-3000037618

Invoice #: 80144467

Page: 1
Invoice date: 7/21/2020
Terms: Net 30 Days

Sales Order #: 909384
Packing list: 191428
F.O.B.: FOB - Shipping Point
Ship Via: FedEx Ground
Ship Date: 7/21/2020

Bill To:

Customer ID: 91906
Lakes Region General Hospital
Attn: Accounts Payable
80 Highland St
Laconia NH 03246-3235 United States

Ship To:

Lakes Region General Hospital
80 Highland St
Laconia NH 032463235 United States

Line nr	Description	Quantity	Unit Price	Ext Price
1	0270-0681 GlideRite Rigid Stylet 10 Pack	1.00	$350.00	$350.00

Warranty: 12 Month Mfg Std Warr 7/21/2020 - 7/20/2021

Miscellaneous Charges:

Description	Amount
10.) Freight Charge	12.37

Payment Schedule

	Due Date	Amount
1	8/20/2020	362.37

Line(s) Subtotal:	**$350.00**
Miscellaneous Charges:	**$12.37**
Total Tax:	**$0.00**
Less Prepaid Deposits:	**$0.00**
Adjustment:	**$0.00**
Less Payments:	**$0.00**
Total:	**$362.37**

Remit to:
Verathon, Inc.
PO Box 935117
Atlanta, GA 31193-5117
[redacted]
Remittance detail: paymy.invoice@verathon.com

Verathon, Inc
20001 North Creek Pkwy
Bothell WA 98011
Phone: 425-867-1348

FedEx

November 09, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 191676584932

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	SGAGE	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Jul 28, 2020 10:19

Shipping Information:

Tracking number:	191676584932	**Ship Date:**	Jul 22, 2020
		Weight:	1.0 LB/0.45 KG

Recipient:
Judy Beck, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 032463235

Shipper:
TECH SERVICES, VERATHON INC
20001 N CREEK PKWY
BOTHELL, WA, US, 98011

Reference	909384
Purchase Order	300-3000037618
Invoice	191428
Department Number	3350-57110-0000-00

C - 19

S. GAGE
#1, 10:19, 6 Del, 0 NonDel

LRGHealthcare
Care. Compassion. Community.

Purchase Order

Lakes Region General Hospital
80 HIGHLAND STREET
LACONIA NH 03246
United States

Dispatch Via Email		
Purchase Order 300-3000038041	**Date** 06-11-2020	**Revision**
Payment Terms Net 30	**Freight Terms** FOB:DESTINATION	**Ship Via** BESTWAY
Buyer Shane Baron	**Phone**	**Fax**

Supplier: 1000654375
VERATHON, INC
20001 NORTH CREEK PARKWAY
ACCT 91906
BOTHELL WA 98011-8218
United States
P: 800/331-2313

Ship To: LAKES REGION GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
United States

Attention: Not Specified

Bill To: 80 HIGHLAND STREET
LACONIA NH 03246
United States

Tax Exempt? Y **Tax Exempt ID:** . **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	0270-0628 GLIDESCOPE BLADE GVL 4 VIDEO	VERATHON INC	8.00	BX	180.00	1440.00	06/11/2020
					Schedule Total	1440.00	
					Item Total 20004574	1440.00	
2 - 1	0270-0626 GLIDESCOPE BLADE GVL 3 VIDEO	VERATHON INC	6.00	BX	180.00	1080.00	06/11/2020
					Schedule Total	1080.00	
					Item Total 20004572	1080.00	
					Total PO Amount	2520.00	

Restrictions for loads over 10 tons on Spring Street.
Access must be from Union Ave to Spring Street to LRGH and return via the same route.
Trucks will not be driven or parked on the edge or the shoulder of the road. Trucks should be driven down the center of the road at a slow and steady speed.
When passing opposing traffic trucks can be moved toward the center of the appropriate lane but the passenger side wheel should still be a minimum of 3 feet away from the paved edge of the public road.
(Let the lighter vehicle be closer to the paved edge.)
During rain do not drive in ruts on the road as these areas tend to be softer and less able to support heavily loaded vehicles.

Authorized Signature

VERATHON®

INVOICE

Purchase Order
300-3000038041

Invoice #: 80126120

Page: 1
Invoice date: 6/24/2020
Terms: Net 30 Days

Sales Order #: 916702
Packing list: 172664
F.O.B.: FOB - Shipping Point
Ship Via: FedEx Ground
Ship Date: 6/24/2020

Bill To:

Customer ID: 91906
Lakes Region General Hospital
Attn: Accounts Payable
80 Highland St
Laconia NH 03246-3235 United States

Ship To:

Lakes Region General Hospital
80 Highland St
Laconia NH 03246 United States

Line nr	Description	Quantity	Unit Price	Ext Price
1	0270-0626 GVL® 3 STAT Box/10	6.00	$180.00	$1,080.00

Miscellaneous Charges:

Description	Amount
10.) Freight Charge	74.32

Payment Schedule

Due Date		Amount
1	7/24/2020	1,154.32

Line(s) Subtotal:	**$1,080.00**
Miscellaneous Charges:	**$74.32**
Total Tax:	**$0.00**
Less Prepaid Deposits:	**$0.00**
Adjustment:	**$0.00**
Less Payments:	**$0.00**
Total:	**$1,154.32**

Remit to:
Verathon, Inc.
PO Box 935117
Atlanta, GA 31193-5117
[redacted]
Remittance detail: paymy.invoice@verathon.com

VERATHON

INVOICE

Purchase Order
300-3000038041

Invoice #: 80160788

Page: 1
Invoice date: 8/18/2020
Terms: Net 30 Days

Sales Order #: 916702
Packing list: 209022
F.O.B.: FOB - Shipping Point
Ship Via: FedEx Ground
Ship Date: 8/18/2020

Bill To:

Customer ID: 91906
Lakes Region General Hospital
Attn: Accounts Payable
80 Highland St
Laconia NH 03246-3235 United States

Ship To:

Lakes Region General Hospital
80 Highland St
Laconia NH 03246 United States

Line nr	Description	Quantity	Unit Price	Ext Price
1	0270-0628 GVL® 4 STAT Box/10	8.00	$180.00	$1,440.00

Payment Schedule

	Due Date	*Amount*
1	9/17/2020	1,440.00

Line(s) Subtotal:	**$1,440.00**
Total Tax:	**$0.00**
Less Prepaid Deposits:	**$0.00**
Adjustment:	**$0.00**
Less Payments:	**$0.00**
Total:	**$1,440.00**

Remit to:
Verathon, Inc.
PO Box 935117
Atlanta, GA 31193-5117
[redacted]
Remittance detail: paymy.invoice@verathon.com

FedEx

November 09, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 187756115300

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	ABARON	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Jul 1, 2020 10:19

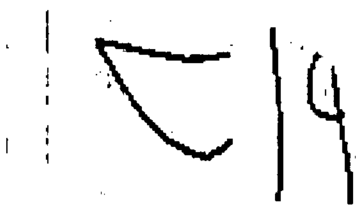
Shipping Information:

Tracking number:	187756115300	**Ship Date:**	Jun 25, 2020
		Weight:	4.0 LB/1.82 KG

Recipient:
Shane Baron, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 03246

Shipper:
VERATHON INC
20001 NORTH CREEK PKWY
BOTHELL, WA, US, 98011

Reference	916702
Purchase Order	300-3000038041
Invoice	172664



A. BARON
#1, 10:19, 5 Del, 0 NonDel

FedEx

November 09, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 187756115296

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	ABARON	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Jul 1, 2020 10:19

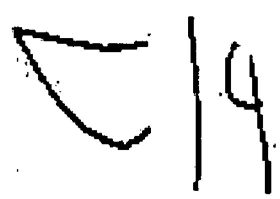
Shipping Information:

Tracking number:	187756115296	**Ship Date:**	Jun 25, 2020
		Weight:	8.0 LB/3.63 KG

Recipient:
Shane Baron, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 03246

Shipper:
VERATHON INC
20001 NORTH CREEK PKWY
BOTHELL, WA, US, 98011

Reference	916702
Purchase Order	300-3000038041
Invoice	172664



A. BARON
#1, 10:19, 5 Del, 0 NonDel

FedEx

November 09, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 176825970817

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	ABARON	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Aug 25, 2020 10:23

Shipping Information:

Tracking number:	176825970817	**Ship Date:**	Aug 19, 2020
		Weight:	7.0 LB/3.18 KG

Recipient:
Shane Baron, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 03246

Shipper:
JON LONG, VERATHON INC
20001 NORTH CREEK PKWY
BOTHELL, WA, US, 98011

Reference	916702
Purchase Order	300-3000038041
Invoice	209022

C19

A. BARON
#1, 10:23, 15 Del, 0 NonDel

FedEx

November 09, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 176825970806

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	ABARON	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Aug 25, 2020 10:23

Shipping Information:

Tracking number:	176825970806	**Ship Date:**	Aug 19, 2020
		Weight:	7.0 LB/3.18 KG

Recipient:
Shane Baron, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 03246

Shipper:
JON LONG, VERATHON INC
20001 NORTH CREEK PKWY
BOTHELL, WA, US, 98011

Reference	916702
Purchase Order	300-3000038041
Invoice	209022

C19

A. BARON
#1, 10:23, 15 Del, 0 NonDel

LRGHealthcare
Care. Compassion. Community.

Purchase Order

Lakes Region General Hospital
80 HIGHLAND STREET
LACONIA NH 03246
United States

Dispatch Via Email		
Purchase Order 300-3000038418	**Date** 06-30-2020	**Revision**
Payment Terms Net 30	**Freight Terms** FOB:DESTINATION	**Ship Via** BESTWAY
Buyer Shane Baron	**Phone**	**Fax**

Supplier: 1000654375
VERATHON, INC
20001 NORTH CREEK
PARKWAY
ACCT 91906
BOTHELL WA 98011-8218
United States
P: 800/331-2313

Ship To: LAKES REGION
GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
United States

Attention: Not Specified

Bill To: 80 HIGHLAND STREET
LACONIA NH 03246
United States

Tax Exempt? Y **Tax Exempt ID:** , **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	0270-0628 GLIDESCOPE BLADE GVL 4 VIDEO	VERATHON INC	10.00	BX	180.00	1800.00	06/30/2020
					Schedule Total	1800.00	
					Item Total 20004574	1800.00	
2 - 1	0270-0626 GLIDESCOPE BLADE GVL 3 VIDEO	VERATHON INC	10.00	BX	180.00	1800.00	06/30/2020
					Schedule Total	1800.00	
					Item Total 20004572	1800.00	
					Total PO Amount	3600.00	

Restrictions for loads over 10 tons on Spring Street.
Access must be from Union Ave to Spring Street to LRGH and return via the same route.
Trucks will not be driven or parked on the edge or the shoulder of the road. Trucks should be driven down the center of the road at a slow and steady speed.
When passing opposing traffic trucks can be moved toward the center of the appropriate lane but the passenger side wheel should still be a minimum of 3 feet away from the paved edge of the public road.
(Let the lighter vehicle be closer to the paved edge.)
During rain do not drive in ruts on the road as these areas tend to be softer and less able to support heavily loaded vehicles.

Authorized Signature

VERATHON

INVOICE

Purchase Order
300-3000038418

Invoice #: 80132415

Page: 1
Invoice date: 7/1/2020
Terms: Net 30 Days

Sales Order #: 922094
Packing list: 179145
F.O.B.: FOB - Shipping Point
Ship Via: FedEx Ground
Ship Date: 7/1/2020

Bill To:

Customer ID: 91906
Lakes Region General Hospital
Attn: Accounts Payable
80 Highland St
Laconia NH 03246-3235 United States

Ship To:

Lakes Region General Hospital
80 Highland St
Laconia NH 032463235 United States

Line nr	Description	Quantity	Unit Price	Ext Price
1	0270-0626 GVL® 3 STAT Box/10	10.00	$180.00	$1,800.00

Miscellaneous Charges:

	Description	Amount
10.)	Freight Charge	101.54

Payment Schedule

	Due Date	*Amount*
1	7/31/2020	1,901.54

Line(s) Subtotal:	**$1,800.00**
Miscellaneous Charges:	**$101.54**
Total Tax:	**$0.00**
Less Prepaid Deposits:	**$0.00**
Adjustment:	**$0.00**
Less Payments:	**$0.00**
Total:	**$1,901.54**

Remit to:
Verathon, Inc.
PO Box 935117
Atlanta, GA 31193-5117
[redacted]
Remittance detail: paymy.invoice@verathon.com

VERATHON®

INVOICE

Purchase Order
300-3000038418

Invoice #: 80141779

Page: 1
Invoice date: 7/17/2020
Terms: Net 30 Days

Sales Order #: 922094
Packing list: 188105
F.O.B.: FOB - Shipping Point
Ship Via: FedEx Ground
Ship Date: 7/17/2020

Bill To:

Customer ID: 91906
Lakes Region General Hospital
Attn: Accounts Payable
80 Highland St
Laconia NH 03246-3235 United States

Ship To:

Lakes Region General Hospital
80 Highland St
Laconia NH 032463235 United States

Line nr	Description	Quantity	Unit Price	Ext Price
1	0270-0628 GVL® 4 STAT Box/10	10.00	$180.00	$1,800.00

Payment Schedule

	Due Date	*Amount*
1	8/16/2020	1,800.00

Line(s) Subtotal:	**$1,800.00**
Total Tax:	**$0.00**
Less Prepaid Deposits:	**$0.00**
Adjustment:	**$0.00**
Less Payments:	**$0.00**
Total:	**$1,800.00**

Remit to:
Verathon, Inc.
PO Box 935117
Atlanta, GA 31193-5117
[redacted]
Remittance detail: paymy.invoice@verathon.com

FedEx

November 10, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 187756136950

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	AGAGE	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Jul 24, 2020 10:39

Shipping Information:

Tracking number:	187756136950	**Ship Date:**	Jul 17, 2020
		Weight:	17.0 LB/7.72 KG

Recipient:
Shane Baron, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 032463235

Shipper:
VERATHON INC
20001 NORTH CREEK PKWY
BOTHELL, WA, US, 98011

Reference	922094
Purchase Order	300-3000038418
Invoice	188105
Department Number	3350-57110-0000-00

C19

A. GAGE
#1, 10:39, 15 Del, 0 NonDel

FedEx

November 10, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 186392945464

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	ABARON	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Jul 8, 2020 10:01

Shipping Information:

Tracking number:	186392945464	**Ship Date:**	Jul 2, 2020
		Weight:	16.0 LB/7.26 KG

Recipient:
Shane Baron, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 032463235

Shipper:
TECH SERVICES, VERATHON LLC
20001 N CREEK PKWY
BOTHELL, WA, US, 98011

Reference	922094
Purchase Order	300-3000038418
Invoice	179145

C19

A. BARON
#1, 10:01, 15 Del, 0 NonDel

FedEx

November 09, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 186392945475

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	ABARON	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Jul 8, 2020 10:01

Shipping Information:

Tracking number:	186392945475	**Ship Date:**	Jul 2, 2020
		Weight:	4.0 LB/1.82 KG

Recipient:
Shane Baron, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 032463235

Shipper:
TECH SERVICES, VERATHON LLC
20001 N CREEK PKWY
BOTHELL, WA, US, 98011

Reference	922094
Purchase Order	300-3000038418
Invoice	179145

C19

A. BARON
#1, 10:01, 15 Del, 0 NonDel

LRGHealthcare
Care. Compassion. Community.

Purchase Order

Lakes Region General Hospital
80 HIGHLAND STREET
LACONIA NH 03246
United States

Approved		**Dispatch Via Print**
Purchase Order 300-3000040318	**Date** 09-14-2020	**Revision**
Payment Terms Net 30	**Freight Terms** FOB:DESTINATION	**Ship Via** BESTWAY
Buyer Judy Beck	**Phone**	**Fax**

Supplier: 1000654375
VERATHON, INC
20001 NORTH CREEK
PARKWAY
ACCT 91906
BOTHELL WA 98011-8218
United States
P: 800/331-2313

Ship To: LAKES REGION
GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
United States

Attention: Not Specified

Bill To: 80 HIGHLAND STREET
LACONIA NH 03246
United States

Tax Exempt? Y **Tax Exempt ID:** . **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	QUOTE NO. 00173331		4.00	EA	1020.00	4080.00	09/14/2020

Schedule Total	4080.00
Item Total	4080.00
Total PO Amount	4080.00

Please confirm order by emailing jbeck@lrgh.org

Judy Beck
jbeck@lrgh.org
Lakes Reg. General Hosp
603-527-7021

Authorized Judy L. Beck

VERATHON®

INVOICE

Purchase Order
300-3000040318

Invoice #: 80184088

Page: 1
Invoice date: 9/15/2020
Terms: Net 30 Days

Sales Order #: 947705
Packing list: 231403
F.O.B.: FOB - Shipping Point
Ship Via: Do Not Ship
Ship Date: 9/15/2020

Bill To:

Customer ID: 91906
Lakes Region General Hospital
Attn: Accounts Payable
80 Highland St
Laconia NH 03246-3235 United States

Ship To:

Lakes Region General Hospital
Attn:Biomed
80 Highland St
Laconia NH 03246-3235 United States

Line nr	Description	Quantity	Unit Price	Ext Price
1	0003-0632 GS AVL Baton - 1yr Ext. Warranty	48.00	$85.00	$4,080.00

Warranty: Extended Warranty 9/1/2020 - 8/31/2024

Payment Schedule

	Due Date	*Amount*
1	10/15/2020	4,080.00

Line(s) Subtotal:	**$4,080.00**
Total Tax:	**$0.00**
Less Prepaid Deposits:	**$0.00**
Adjustment:	**$0.00**
Less Payments:	**$0.00**
Total:	**$4,080.00**

Remit to:
Verathon, Inc.
PO Box 935117
Atlanta, GA 31193-5117
[redacted]
Remittance detail: paymy.invoice@verathon.com

LRGHealthcare
Care. Compassion. Community.

Purchase Order

Lakes Region General Hospital
80 HIGHLAND STREET
LACONIA NH 03246
United States

Dispatch Via Email		
Purchase Order 300-3000041561	**Date** 10-23-2020	**Revision**
Payment Terms Net 30	**Freight Terms** FOB:DESTINATION	**Ship Via** BESTWAY
Buyer Shane Baron	**Phone**	**Fax**

Supplier: 1000654375
VERATHON, INC
20001 NORTH CREEK
PARKWAY
ACCT 91906
BOTHELL WA 98011-8218
United States
P: 800/331-2313

Ship To: LAKES REGION
GENERAL HOSPITAL
80 HIGHLAND STREET
LACONIA NH 03246
United States

Attention: Not Specified

Bill To: 80 HIGHLAND STREET
LACONIA NH 03246
United States

Tax Exempt? Y **Tax Exempt ID:** . **Replenishment Option:** Standard

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1 - 1	0800-0319 BLADDER SCAN PAPER	VERATHON INC	3.00	BX	6.00	18.00	10/23/2020
				Schedule Total		18.00	
				Item Total 20004573		18.00	
2 - 1	0270-0626 GLIDESCOPE BLADE GVL 3 VIDEO	VERATHON INC	6.00	BX	180.00	1080.00	10/23/2020
				Schedule Total		1080.00	
				Item Total 20004572		1080.00	
3 - 1	0270-0628 GLIDESCOPE BLADE GVL 4 VIDEO	VERATHON INC	4.00	BX	180.00	720.00	10/23/2020
				Schedule Total		720.00	
				Item Total 20004574		720.00	
				Total PO Amount		1818.00	

Restrictions for loads over 10 tons on Spring Street.
Access must be from Union Ave to Spring Street to LRGH and return via the same route.
Trucks will not be driven or parked on the edge or the shoulder of the road. Trucks should be driven down the center of the road at a slow and steady speed.
When passing opposing traffic trucks can be moved toward the center of the appropriate lane but the passenger side wheel should still be a minimum of 3 feet away from the paved edge of the public road.
(Let the lighter vehicle be closer to the paved edge.)
During rain do not drive in ruts on the road as these areas tend to be softer and less able to support heavily loaded vehicles.

Authorized Signature

VERATHON

INVOICE

Purchase Order
300-3000041561

Invoice #: 80206217

Page: 1
Invoice date: 10/29/2020
Terms: Net 30 Days

Sales Order #: 960585
Packing list: 253302
F.O.B.: FOB - Shipping Point
Ship Via: FedEx Ground
Ship Date: 10/29/2020

Bill To:

Customer ID: 91906
Lakes Region General Hospital
Attn: Accounts Payable
80 Highland St
Laconia NH 03246-3235 United States

Ship To:

Lakes Region General Hospital
80 Highland St
Laconia NH 03246 United States

Line nr	Description	Quantity	Unit Price	Ext Price
1	0270-0626 GVL® 3 STAT Box/10	6.00	$172.80	$1,036.80
2	0270-0628 GVL® 4 STAT Box/10	4.00	$172.80	$691.20

Miscellaneous Charges:

Description	Amount
10.) Freight Charge	70.10

Payment Schedule

	Due Date	Amount
1	11/28/2020	1,798.10

Line(s) Subtotal:	**$1,728.00**
Miscellaneous Charges:	**$70.10**
Total Tax:	**$0.00**
Less Prepaid Deposits:	**$0.00**
Adjustment:	**$0.00**
Less Payments:	**$0.00**
Total:	**$1,798.10**

Remit to:
Verathon, Inc.
PO Box 935117
Atlanta, GA 31193-5117
[redacted]
Remittance detail: paymy.invoice@verathon.com

FedEx

November 10, 2020

Dear Customer,

The following is the proof-of-delivery for tracking number: 185932762720

Delivery Information:

Status:	Delivered	**Delivered To:**	
Signed for by:	ABIRON	**Delivery Location:**	80 HIGHLAND ST
Service type:	FedEx Ground		Laconia, NH, 03246
Special Handling:	Direct Signature Required	**Delivery date:**	Nov 4, 2020 10:39

Shipping Information:

Tracking number:	185932762720	**Ship Date:**	Oct 29, 2020
		Weight:	17.0 LB/7.72 KG

Recipient:
Shane Baron, Lakes Region General Hospital
80 Highland St
Laconia, NH, US, 03246

Shipper:
TECH SERVICES, VERATHON INC
20001 N CREEK PKWY
BOTHELL, WA, US, 98011

Reference	960585
Purchase Order	300-3000041561
Invoice	253302
Department Number	3350-57110-0000-00

A. BIRON
#1, 10:39, 9 Del, 0 NonDel

VERATHON®

Statement

Page: 1
Statement Date: 11/9/2020

Customer:
91906
Lakes Region General Hospital
Attn Accounts Payable
80 Highland St
Laconia, NH 03246-3235
PPAY

Remit To:
Verathon Inc
PO Box 935117
Atlanta,GA 31193-5117

Contact: AP - IRGH

Salesperson: Chad Poirier

Date	Date Due	Invoice No	Customer PO Number	Amount	Balance
06/24/2020	07/24/2020	80126120	300-3000038041	1,154.32	1,154.32
07/01/2020	07/31/2020	80132415	300-3000038418	1,901.54	1,901.54
07/17/2020	08/16/2020	80141779	300-3000038418	1,800.00	1,800.00
07/21/2020	08/20/2020	80144467	300-3000037618	362.37	362.37
08/18/2020	09/17/2020	80160788	300-3000038041	1,440.00	1,440.00
09/15/2020	10/15/2020	80184088	300-3000040318	4,080.00	4,080.00
10/29/2020	11/28/2020	80206217	300-3000041561	1,798.10	1,798.10

Balance Due 12,536.33

Current	Late 1-30	Late 31-60	Late 61-90	Late 91-120	Late 120+
$1,798.10	$4,080.00	$1,440.00	$2,162.37	$3,055.86	$0.00

Business Phone: 800-331-2313 Ext:

VERATHON®
New World. Real Solutions.

20001 North Creek Parkway
Bothell, WA 98011, USA

verathon.com

CERTIFIED MAIL™

7012 1010 0000 3887 8310

US POSTAGE
$05.35º
First-Class
Mailed From 98011
11/12/2020
032A 0061846043

RECEIVED
NOV 16 2020
LEGAL SERVICES

LRG Healthcare Claims Processing Center
C/O Epiq Corporate Restructuring LLC
P.O. Box 4421
Beaverton OR 97076-4421

Case # 20-10892 Acct# 91906