

Fill in this information to identify the case:

Debtor 1 Mercy Hospital Iowa City

Debtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Northern District of Iowa

Case number 1:23-BK-00623

RECEIVED  
SEP 13 2023  
LEGAL SERVICES

Filed: USDC -Northern District of Iowa  
Mercy Hospital, Iowa City (CLM)  
23-00623 (TJC)



04/16

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this form to

## Official Form 410

### Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for 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>Brother and Brother Inc. DBA Hospers and Brother Printers</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>Hospers and Brother Printers</u> Name <u>709 S Clinton Street</u> Number Street <u>Iowa City</u> <u>IA</u> <u>52240</u> City State ZIP Code  Contact phone <u>319-337-2131</u> Contact email <u>shane@hospers.net</u>	<b>Where should payments to the creditor be sent? (if different)</b>  _____ 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 _____ 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 0 0 5

7. How much is the claim? \$ 714,192.07 ~~100,000~~. 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-Printing Services

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)?

☒ No

☐ Yes. Check one:

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

Amount entitled to priority

\$ \_\_\_\_\_

☐ Up to \$2,850\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,850\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ 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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/16/2023  
MM / DD / YYYY

Signature

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

Name	Shane Milton Hendricks
	First name Middle name Last name
Title	President
Company	Hospers and Brother Printers
	Identify the corporate servicer as the company if the authorized agent is a servicer.
Address	709 S Clinton
	Number Street
	Iowa City IA 52240
	City State ZIP Code
Contact phone	319-337-2131
	Email <a href="mailto:shane@hospers.net">shane@hospers.net</a>



Payment Due By 9/15/23

Account No. 5

**HOSPERS**

E BROTHER PRINTERS

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

## STATEMENT

Statement Date: 9/1/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE
5/2/23		Finance Charge	59.38
6/2/23	128583	969394 Update 969394: Update - 6.2	32.00
6/6/23	128582	314074 314074: 13-56	239.12
6/8/23	128589	36251: Denise 36251: Sleep Center BC	22.00
6/20/23	128627	36251:9560:17883 36251:9560:17883 Shoulder Repla	235.06
6/20/23	128635	317471 317471: 36-18	116.46
6/20/23	128619	314384 314384 11-360	201.24
6/20/23	128598	314153 314153: 11-360	234.78
6/20/23	128599	314203 314203: 11-718	107.64
6/20/23	128636	36251.8400.17884 36251:9400:17884 MAIER Synap	57.50
6/28/23	128662	36251.7240.17885 36251.7240.17885 Cardiology Ap	44.36
7/3/23		Finance Charge	44.02
7/7/23	128651	36251:13-56 314670: 13-56	239.12
7/7/23	128667	36251:9510 17887 36251:9510 17887 Benefit Contact	515.34
7/10/23	128683	36251:9510:17889 36251:9510:17889 Come Home to	226.44
7/10/23	128708	36251.6760.17907 36251.6760.17907 Wound Center	22.00
7/10/23	128713	36251.7680.17890 36251.7680.17890 Patient Portal	103.42
7/10/23	128711	36251.6760.17875 36251.6760.17875 Wound Center	79.64
7/10/23	128710	36251.6150.17888 36251.6150.17888 Shelby Rock B	22.00
7/17/23	128731	36251.6462. 17894 36251.6462. 17894 OB/GYN Sec	157.67
7/17/23	128707	36251.6462. 17891 36251.6462. 17891 OB/GYN Sec	120.13
7/17/23	128726	315022: 13-56 315022: 13-56	232.41
7/17/23	128749	315287: 11-736 315287: 11-736	22.07
7/17/23	128724	36251.6462 17893 36251.6462.17893 PM 30 Stamp	30.00
7/17/23	128729	36251:6500:17892 36251:6500:17892 Crib Cards - Bo	44.28
7/17/23	128730	36251.6462.17893 36251.6462.17893 Corridor OB G	39.50
7/24/23	128761	36251:9560:17912 36251:9560:17912 Your Total Hip	755.79
			<b>BALANCE AS OF STATEMENT DATE</b>
			<b>10,235.93</b>
Current	30 Days	60 Days	90 Days
120.72	8,721.65	1,302.18	91.38

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



# HOSPERS

E BROTHER PRINTERS

Payment Due By 9/15/23

Account No. 5

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

## STATEMENT

Statement Date: 9/1/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE
7/24/23	128760	36251.9560.17912 36251.9560.17912 Lumbar Fusion	202.34
7/24/23	128762	<del>36251.9660.17912</del> <del>36251.9660.17912</del> Total Knee R	<del>818.22</del>
7/28/23	128770	36251.7160.16506 36251.7160.16506: Patient Diary	96.26
7/28/23	128797	315630 315630 #10 Window Envelope	369.23
7/28/23	128801	315334 315334: 52-98	172.72
7/28/23	128798	315484 315484: 11-360	201.34
7/28/23	128799	315663 315663: 11-360	335.40
7/28/23	128764	36251.6462.17911 36251.6462.17911 OBGYN Appoi	32.00
7/28/23	128763	36251.9560.17938 36251.9560.17938 Denise Mercy	77.56
7/31/23	128736	315155 315155: 11-770, 11-771, 19-70	3,806.53
8/1/23		Finance Charge	20.24
8/4/23	128849	969394 969394: Update - July and Aug	23.00
8/7/23	128832	36251.9560.17915 36251.9560.17915 Open House I	33.72
8/7/23	128829	36251.7400.17914 36251.7400.17914 Meg Cordy BC	32.00
8/7/23	128826	36251.9500.17913 36251.9500.17913 Casey Kennen	32.00

BALANCE AS OF STATEMENT DATE

Current	30 Days	60 Days	90 Days	10,235.93
120.72	8,721.65	1,302.18	91.38	

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128583**  
Date: **6/2/23**  
Customer PO: **969394 Update**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
30	969394: Update - 5.5, 11 x 17 White 28# Digital Color Copy, copied on 2 sides	\$ 32.00
<p>Please pay from this invoice. Please reference invoice number on remittance \$1.15 per 50 IF FOLDED   \$42.00 per 50 Thank you! if 8.5x11</p> <p>Wanted: Wed 6/7/23</p> <p>969394: Update - 6.2</p>		<p>SUBTOTAL \$ 32.00 TAX SHIPPING \$ 0.00 TOTAL \$ 32.00 AMOUNT DUE \$ 32.00</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128582**

Date: 6/6/23

Customer PO: 314074

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
500	13-56	\$ 239.12
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Tue 6/6/23 314074: 13-56</p>		<p>SUBTOTAL \$ 239.12 TAX SHIPPING \$ 0.00 TOTAL \$ 239.12 AMOUNT DUE \$ 239.12</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128589**  
Date: **6/8/23**  
Customer PO: **36251: Denise**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
100	Sleep Center Business Cards , 2 x 3.5 White 100# Cougar Cover, copied on 2 sides, 8 Up	\$ 22.00
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 6/7/23 36251: Sleep Center BC</p>		<p>SUBTOTAL \$ 22.00 TAX SHIPPING \$ 0.00 TOTAL \$ 22.00 AMOUNT DUE \$ 22.00</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128635**

Date: 6/20/23

Customer PO: 317471

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
300	36-18	\$ 116.46
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Tue 6/20/23 317471: 36-18</p>		<p>SUBTOTAL \$ 116.46 TAX SHIPPING \$ 0.00 TOTAL \$ 116.46 AMOUNT DUE \$ 116.46</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128619**

Date: 6/20/23

Customer PO: 314384

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
600	11-360	\$ 201.24
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Sat 6/17/23 314384 11-360</p>		<p>SUBTOTAL \$ 201.24 TAX SHIPPING \$ 0.00 TOTAL \$ 201.24 AMOUNT DUE \$ 201.24</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128598**

Date: 6/20/23

Customer PO: 314153

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
700	11-360	\$ 234.78
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 6/12/23 314153: 11-360</p>		<p>SUBTOTAL \$ 234.78 TAX SHIPPING \$ 0.00 TOTAL \$ 234.78 AMOUNT DUE \$ 234.78</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128599**

Date: 6/20/23

Customer PO: 314203

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
300	11-718	\$ 107.64
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 6/12/23 314203: 11-718</p>		<p>SUBTOTAL \$ 107.64 TAX SHIPPING \$ 0.00 TOTAL \$ 107.64 AMOUNT DUE \$ 107.64</p>



**HOSPERS**  
BROTHER PRINTERS

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128636**  
Date: **6/20/23**  
Customer PO: **36251.8400.17884**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
100	Blank 8 Mill Synaps Plastic 8.5x11 Sheets, 8.5 x 11 White 0# Digital Polyester 8 Mil	\$ 57.50
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Tue 6/20/23 36251:9400:17884 MAIER Synaps Plastic 8.5x11 Sheets</p>		<p>SUBTOTAL \$ 57.50 TAX SHIPPING \$ 0.00 TOTAL \$ 57.50 AMOUNT DUE \$ 57.50</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128662**  
Date: **6/28/23**  
Customer PO: **36251.7240.17885**

Mercy Cardiology Clinic  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
1,000	Cardiology Appointment Cards , 3.5 x 2 White 80# Digital Color Cover, copied on 1 side, 12 Up	\$ 44.36
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Tue 6/27/23 36251.7240.17885 Cardiology Appointment Cards</p>		<p>SUBTOTAL \$ 44.36 TAX SHIPPING \$ 0.00 TOTAL \$ 44.36 AMOUNT DUE \$ 44.36</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128651**

Date: **7/7/23**

Customer PO: **36251:13-56**

Customer No: **5**

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
500	13-56	\$ 239.12
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 6/26/23 314670: 13-56</p>		<p>SUBTOTAL \$ 239.12 TAX SHIPPING \$ 0.00  TOTAL \$ 239.12 AMOUNT DUE \$ 239.12</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128667**  
Date: **7/7/23**  
Customer PO: **36251:9510 17887**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
2,000	Benefit Contact Info Cards, 3.5 x 6.0625 White 65# Finch Fine 65#, copied on 2 sides, 4 Up	\$ 515.34
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Sat 7/1/23 36251:9510 17887 Benefit Contact Info Cards</p>		<p>SUBTOTAL \$ 515.34 TAX SHIPPING \$ 0.00 TOTAL \$ 515.34 AMOUNT DUE \$ 515.34</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128713**  
Date: 7/10/23  
Customer PO: 36251.7680.17890

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
500	Patient Portal Rack Cards , 4 x 9 White 80# Lynx Opaque Cover, copied on 1 side, 6 Up	\$ 103.42
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 7/10/23 36251.7680.17890 Patient Portal Rack Cards</p>		<p>SUBTOTAL \$ 103.42 TAX SHIPPING \$ 0.00 TOTAL \$ 103.42 AMOUNT DUE \$ 103.42</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128683**  
Date: **7/10/23**  
Customer PO: **36251:9510:17889**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
1,000	Come Home to Mercy PC, 4 x 6 White 80# Lynx Cover, copied on 2 sides, 9 Up	\$ 226.44
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 7/3/23 36251:9510:17889 Come Home to Mercy PC</p>		<p>SUBTOTAL \$ 226.44 TAX SHIPPING \$ 0.00 TOTAL \$ 226.44 AMOUNT DUE \$ 226.44</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128708**  
Date: **7/10/23**  
Customer PO: **36251.6760.17907**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
100	36251.6760.17907 Wound Center Business Cards, 3.5 x 2 White 100# Cougar Cover, copied on 1 side, 10 Up	\$ 22.00
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 7/10/23 36251.6760.17907 Wound Center Business Cards</p>		<p>SUBTOTAL \$ 22.00 TAX SHIPPING \$ 0.00 TOTAL \$ 22.00 AMOUNT DUE \$ 22.00</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128710**  
Date: **7/10/23**  
Customer PO: **36251.6150.17888**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
100	36251.6150.17888 Shelby Rock BC , 3.5 x 2 White 100# Cougar Cover, copied on 1 side, 10 Up	\$ 22.00
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 7/10/23</p> <p>36251.6150.17888 Shelby Rock BC</p>		<p>SUBTOTAL \$ 22.00</p> <p>TAX \$ 0.00</p> <p>SHIPPING \$ 0.00</p> <p>TOTAL \$ 22.00</p> <p>AMOUNT DUE \$ 22.00</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128711**  
Date: **7/10/23**  
Customer PO: **36251.6760.17875**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
1,000	Wound Center Appointment Cards, 3.5 x 2 White 100# Cougar Cover, copied on 1 side, 12 Up	\$ 79.64
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 7/10/23 36251.6760.17875 Wound Center Appointment Cards</p>		<p>SUBTOTAL \$ 79.64 TAX SHIPPING \$ 0.00 TOTAL \$ 79.64 AMOUNT DUE \$ 79.64</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128726**

Date: 7/17/23

Customer PO: 315022: 13-56

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
600	13-56	\$ 232.41
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/12/23 315022: 13-56</p>		<p>SUBTOTAL \$ 232.41 TAX SHIPPING \$ 0.00 TOTAL \$ 232.41 AMOUNT DUE \$ 232.41</p>



Hospers & Brother Printers  
 709 South Clinton Street  
 Iowa City, Iowa 52240

# Invoice

No: **128731**  
 Date: 7/17/23  
 Customer PO: 36251.6462. 17894

Mercy Hospital  
 500 E Market St  
 Iowa City IA 52245

Quantity	Description	Amount
500	OB/GYN Security Right Window Envelope, 4.25 x 9 White 24# #10 Security Window Envelope, printed, 1 color front	\$ 157.67
Please pay from this invoice. Please reference invoice number on remittance Thank you!		SUBTOTAL \$ 157.67 TAX SHIPPING \$ 0.00 TOTAL \$ 157.67 AMOUNT DUE \$ 157.67
Wanted: Wed 7/12/23 36251.6462. 17894 OB/GYN Security Right Window Envelope		



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128707**  
Date: **7/17/23**  
Customer PO: **36251.6462. 17891**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
500	36251.6462. 17891 OB/GYN Security Window Envelope, 4.25 x 9 White 24# #10 Security Window Envelope, printed, 1 color front	\$ 120.13
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 7/10/23 36251.6462. 17891 OB/GYN Security Window Envelope</p>		<p>SUBTOTAL \$ 120.13 TAX SHIPPING \$ 0.00 TOTAL \$ 120.13 AMOUNT DUE \$ 120.13</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128749**

Date: 7/17/23

Customer PO: 315287: 11-736

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
100	11-736	\$ 22.07
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Tue 7/18/23 315287: 11-736</p>		<p>SUBTOTAL \$ 22.07 TAX SHIPPING \$ 0.00  TOTAL \$ 22.07 AMOUNT DUE \$ 22.07</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128730**  
Date: **7/17/23**  
Customer PO: **36251.6462.17893**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
100	Corridor OB GYN Mailing Labels, 3 x 5 white 60# Splitless semi coated Macbac, copied on 1 side, 4 Up	\$ 39.50
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/12/23</p> <p>36251.6462.17893 Corridor OB GYN Mailing Labels</p>		<p>SUBTOTAL \$ 39.50</p> <p>TAX \$ 0.00</p> <p>SHIPPING \$ 0.00</p> <p>TOTAL \$ 39.50</p> <p>AMOUNT DUE \$ 39.50</p>



Hospers & Brother Printers  
 709 South Clinton Street  
 Iowa City, Iowa 52240

# Invoice

No: **128729**  
 Date: 7/17/23  
 Customer PO: 36251:6500:17892

Terry  
 Mercy Hospital  
 500 E Market St  
 Iowa City IA 52245

Quantity	Description	Amount
150	"I'm a girl" crib cards , 4.75 x 3 Pink 65# Domtar Earthchoice, printed, 4 Up, 1 color front in Black ink, 1 color back in Black ink	\$ 44.28
Please pay from this invoice. Please reference invoice number on remittance Thank you!  Wanted: Wed 7/12/23  36251:6500:17892 Crib Cards - Boy/Girl		SUBTOTAL \$ 44.28 TAX SHIPPING \$ 0.00  TOTAL \$ 44.28 AMOUNT DUE \$ 44.28



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128724**  
Date: 7/17/23  
Customer PO: 36251.6462 17893

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
1	PM 30 Stamp Blue ink OBGYN Return Address	\$ 30.00
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Tue 7/11/23 36251.6462.17893 PM 30 Stamp Blue ink OBGYN Return Address</p>		<p>SUBTOTAL \$ 30.00 TAX SHIPPING \$ 0.00 TOTAL \$ 30.00 AMOUNT DUE \$ 30.00</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128761**  
Date: **7/24/23**  
Customer PO: **36251:9560:17912**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
200	Your Total Hip Replacement , 11 x 17 White 70# Husky, 8 sheets, copied on 2 sides	\$ 475.56
200	Your Total Hip Replacement Cover, 11 x 17 White 65# Lynx Opaque Cover, copied on 2 sides	\$ 260.23
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/19/23</p> <p>36251:9560:17912 Your Total Hip Replacement Posterior</p>		<p>SUBTOTAL \$ 735.79</p> <p>TAX \$ 0.00</p> <p>SHIPPING \$ 0.00</p> <p>TOTAL \$ 735.79</p> <p>AMOUNT DUE \$ 735.79</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128760**  
Date: **7/24/23**  
Customer PO: **36251.9560.17912**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
50	Lumbar Fusion Surgery Guide Insides, 11 x 17 White 70# Husky, 7 sheets, copied on 2 sides	\$ 149.02
50	Lumbar Fusion Surgery Guide Cover Color both sides, 11 x 17 White 65# Lynx Opaque Cover, copied on 2 sides	\$ 53.32
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/19/23 36251:9560:17912 Lumbar Fusion Surgery Guide</p>		<p>SUBTOTAL \$ 202.34 TAX SHIPPING \$ 0.00 TOTAL \$ 202.34 AMOUNT DUE \$ 202.34</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128762**  
Date: **7/24/23**  
Customer PO: **36251:9650:17912**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
250	Total Knee Replacement Guide , 11 x 17 White 70# Husky, 7 sheets, copied on 2 sides	\$ 467.00
250	Total Knee Replacement Guide Cover, 11 x 17 White 65# Finch 65# Opaque White cover, copied on 2 sides	\$ 351.22
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/19/23 36251:9650:17912 Total Knee Replacement Guide</p>		<p>SUBTOTAL \$ 818.22 TAX SHIPPING \$ 0.00 TOTAL \$ 818.22 AMOUNT DUE \$ 818.22</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128770**  
Date: **7/28/23**  
Customer PO: **36251:7160:16506**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
200	Patient Diary, 7.25 x 11 White 80# Cougar smooth white text, copied on 2 sides, 2 Up	\$ 96.26
Please pay from this invoice. Please reference invoice number on remittance Thank you!  Wanted: Sat 7/22/23  36251:7160:16506: Patient Diary		SUBTOTAL \$ 96.26 TAX SHIPPING \$ 0.00  TOTAL \$ 96.26 AMOUNT DUE \$ 96.26

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128797**

Date: 7/28/23

Customer PO: 315630

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
2,500	#10 Window Envelope	\$ 369.23
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/26/23 315630 #10 Window Envelope</p>		<p>SUBTOTAL \$ 369.23 TAX SHIPPING \$ 0.00 TOTAL \$ 369.23 AMOUNT DUE \$ 369.23</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128801**

Date: 7/28/23

Customer PO: 315334

Customer No: 5

### Ship To:

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
800	52-98, copied on 1 side	\$ 172.72
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/26/23 315334: 52-98</p>		<p>SUBTOTAL \$ 172.72 TAX SHIPPING \$ 0.00  TOTAL \$ 172.72 AMOUNT DUE \$ 172.72</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: 128798

Date: 7/28/23

Customer PO: 315484

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
600	11-360	\$ 201.34
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/26/23 315484: 11-360</p>		<p>SUBTOTAL \$ 201.34 TAX SHIPPING \$ 0.00  TOTAL \$ 201.34 AMOUNT DUE \$ 201.34</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128799**

Date: 7/28/23

Customer PO: 315663

Customer No: 5

**Ship To:**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
1,000	11-360	\$ 335.40
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/26/23 315663: 11-360</p>		<p>SUBTOTAL \$ 335.40 TAX SHIPPING \$ 0.00  TOTAL \$ 335.40 AMOUNT DUE \$ 335.40</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128764**  
Date: **7/28/23**  
Customer PO: **36251.6462.17911**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
250	OBGYN Appointment Cards, 3.5 x 2 White 100# Cougar Cover, copied on 1 side, 12 Up	\$ 32.00
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/19/23 36251.6462.17911 OBGYN Appointment Cards</p>		<p>SUBTOTAL \$ 32.00 TAX SHIPPING \$ 0.00 TOTAL \$ 32.00 AMOUNT DUE \$ 32.00</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128763**  
Date: **7/28/23**  
Customer PO: **36251.9560.17938**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
300	Mercy Folder Sticker, 3.25 x 2 White 60# Labels 60# offset, copied on 1 side, 12 Up	\$ 77.56
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 7/19/23 36251.9560.17938 Denise Mercy Folder Sticker</p>		<p>SUBTOTAL \$ 77.56 TAX SHIPPING \$ 0.00 TOTAL \$ 77.56 AMOUNT DUE \$ 77.56</p>

Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: 128736

Date: 7/31/23

Customer PO: 315155

Customer No: 5

### Ship To:

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245  
Phone: 339-3654

Quantity	Description	Amount
500	11-770	\$ 311.50
500	11-771	\$ 72.52
5,000	19-70 Folder	\$ 3,422.51
Please pay from this invoice. Please reference invoice number on remittance Thank you!  Wanted: Sat 7/15/23  315155: 11-770, 11-771, 19-70		SUBTOTAL \$ 3,806.53 TAX SHIPPING \$ 0.00  TOTAL \$ 3,806.53 AMOUNT DUE \$ 3,806.53



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128849**

Date: **8/4/23**

Customer PO: **969394**

Terry  
Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
10	969394: Update - July and Aug, 11 x 17 White 28# Digital Color Copy, copied on 2 sides	\$ 23.00
<p>Please pay from this invoice. Please reference invoice number on remittance \$1.15 per 50 IF FOLDED   \$42.00 per 50 Thank you! if 8.5x11</p> <p>Wanted: Wed 8/9/23 969394: Update - July and Aug</p>		<p>SUBTOTAL \$ 23.00 TAX SHIPPING \$ 0.00  TOTAL \$ 23.00 AMOUNT DUE \$ 23.00</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128832**  
Date: **8/7/23**  
Customer PO: **36251.9560.17915**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
150	Open House Invite, 4.25 x 5.5 White 100# Cougar Cover, copied on 1 side, 4 Up	\$ 33.72
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Sat 8/5/23 36251.9560.17915 Open House Invite</p>		<p>SUBTOTAL \$ 33.72 TAX \$ 0.00 SHIPPING \$ 0.00 TOTAL \$ 33.72 AMOUNT DUE \$ 33.72</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128826**  
Date: **8/7/23**  
Customer PO: **36251.9500.17913**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
250	Casey Kennenvy BC , 3.5 x 2 White 100# Cougar Cover, copied on 1 side, 12 Up	\$ 32.00
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Sat 8/5/23 36251.9500.17913 Casey Kennenvy BC</p>		<p>SUBTOTAL \$ 32.00 TAX SHIPPING \$ 0.00 TOTAL \$ 32.00 AMOUNT DUE \$ 32.00</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128877**

Date: **8/11/23**

Customer PO: **36251.**

Mercy Hospital  
500 E Market St  
Iowa City IA 52245

Quantity	Description	Amount
42,000	Inventory #10 Special Window Tinted envelopes	\$ 2,790.00
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 8/16/23</p> <p>Inventory #10 Special Window Tinted envelopes</p>		<p>SUBTOTAL \$ 2,790.00</p> <p>TAX \$ 0.00</p> <p>SHIPPING</p> <p>TOTAL \$ 2,790.00</p> <p>AMOUNT DUE \$ 2,790.00</p>



Payment Due By 8/31/23

Account No. 1165

**HOSPERS**

E BROTHER PRINTERS

Mercy Iowa City Metabolic and Bariatric Surgery  
Mercy Iowa City Metabolic and Bariatric Surgery  
540 E. Jefferson Street  
Suite 205  
Iowa City IA

# STATEMENT

Statement Date: 8/16/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE
7/24/23	128780	Metabolic and Bariatric Guide and Workbook	1,652.38

BALANCE AS OF STATEMENT DATE

Current	30 Days	60 Days	90 Days	1,652.38
1,652.38	0.00	0.00	0.00	

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128780**

Date: **7/24/23**

Customer PO:

Mercy Iowa City Metabolic and Bariatric Surgery  
Mercy Iowa City Metabolic and Bariatric Surgery  
540 E. Jefferson Street  
Suite 205  
Iowa City IA 52245

Quantity	Description	Amount
100	Metabolic and Bariatric Guide and Workbook Cover , 11 x 17 White 28# Digital Color Copy, copied on 2 sides	\$ 172.82
100	Metabolic and Bariatric Guide and Workbook Inside Pages, 11 x 17 White 28# Digital Color Copy, 13 sheets, copied on 2 sides	\$ 1,193.62
100	Folder Sticker, 2 x 8.5 White 60# Spinnaker Pressure Sensitive, copied on 1 side, 10 Up	\$ 192.41
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Sun 7/23/23</p> <p>Metabolic and Bariatric Guide and Workbook</p>		<p>SUBTOTAL \$ 1,558.85</p> <p>TAX \$ 93.53</p> <p>SHIPPING \$ 0.00</p> <p>TOTAL \$ 1,652.38</p> <p>AMOUNT DUE \$ 1,652.38</p>



Payment Due By 8/31/23  
Account No. 1070

# HOSPERS

& BROTHER PRINTERS

Laura Davis  
Mercy Specialty Clinics, Urology  
2943 Northgate Drive  
Iowa City 52245

## STATEMENT

Statement Date: 8/16/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE
7/27/23	128824	Margaret Ekroth Departure Letter	271.24

BALANCE AS OF STATEMENT DATE

Current	30 Days	60 Days	90 Days	271.24
271.24	0.00	0.00	0.00	

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



Hospers & Brother Printers  
 709 South Clinton Street  
 Iowa City, Iowa 52240

# **Invoice**

No: **128824**

Date: **7/27/23**

Customer PO:

Denise Maier  
 Mercy Specialty Clinics, Urology  
 2943 Northgate Drive  
 Iowa City 52245

Quantity	Description	Amount
274	Margaret Ekroth Departure Letter	\$ 260.55
Please pay from this invoice. Please reference invoice number on remittance Thank you!		SUBTOTAL \$ 260.55 TAX \$ 10.69 SHIPPING \$ 0.00  TOTAL \$ 271.24 AMOUNT DUE \$ 271.24
Wanted: Tue 8/1/23 Margaret Ekroth Departure Letter		



Payment Due By 8/31/23  
Account No. 1125

# HOSPERS

& BROTHER PRINTERS

Cathy Gingerich  
Mercy Occupational Health  
269 N. 1st Ave. Ste. 102  
Iowa City IA 52245

## STATEMENT

Statement Date: 8/16/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE
7/10/23	128709	#10 "CONFIDENTIAL" Regular Envelope	126.81

BALANCE AS OF STATEMENT DATE

Current	30 Days	60 Days	90 Days	126.81
0.00	126.81	0.00	0.00	

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128709**

Date: **7/10/23**

Customer PO:

Cathy Gingerich  
Mercy Occupational Health  
269 N. 1st Ave. Ste. 102  
Iowa City IA 52245

Quantity	Description	Amount
500	#10 "CONFIDENTIAL" Regular Envelope, 10 x 0 24# #10 Regular White, printed, 1 color front in Black ink,	\$ 119.63
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 7/10/23</p> <p>#10 "CONFIDENTIAL" Regular Envelope</p>		<p>SUBTOTAL \$ 119.63 TAX \$ 7.18 SHIPPING \$ 0.00  TOTAL \$ 126.81 AMOUNT DUE \$ 126.81</p>



Payment Due By 8/31/23  
Account No. 985

# HOSPERS

& BROTHER PRINTERS

Teresa Swift  
Mercy Specialty Clinics, General Surgery  
540 East Jefferson Street  
Suite 205  
Iowa City IA 52240

## STATEMENT

Statement Date: 8/16/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE
8/7/23	128850	Appointment Cards One sided	41.34

BALANCE AS OF STATEMENT DATE

Current	30 Days	60 Days	90 Days	
41.34	0.00	0.00	0.00	41.34

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128850**

Date: **8/7/23**

Customer PO:

Teresa Swift  
Mercy Specialty Clinics, General Surgery  
540 East Jefferson Street  
Suite 205  
Iowa City IA 52240

Quantity	Description	Amount
500	Appointment Cards One sided, 2 x 3.5 White 100# Cougar Cover, copied on 1 side, 10 Up	\$ 39.00
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 8/9/23 Appointment Cards One sided</p>		<p>SUBTOTAL \$ 39.00 TAX \$ 2.34 SHIPPING \$ 0.00  TOTAL \$ 41.34 AMOUNT DUE \$ 41.34</p>



Payment Due By 8/31/23

Account No. 1074

**HOSPERS**

& BROTHER PRINTERS

Denise Maier  
Mercy Family Medicine of Tipton  
56 Cedar Street  
Tipton IA 52772

## STATEMENT

Statement Date: 8/16/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE
3/25/22	126336	Appointment Cards	40.87
7/31/23	128786	New Doctors Letter	1,509.37
8/1/23		Finance Charge	0.61
8/7/23	128831	Appointment Cards	40.87

BALANCE AS OF STATEMENT DATE

Current	30 Days	60 Days	90 Days	1,591.72
1,550.85	0.00	0.00	40.87	

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **126336**

Date: **3/25/22**

Customer PO:

Denise Maier  
Mercy Family Medicine of Tipton  
56 Cedar Street  
Tipton IA 52772

Quantity	Description	Amount
500	Appointment Cards, 2 x 3.5 White 100# Cougar Cover, copied on 1 side, 10 Up	\$ 38.56
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Wed 3/23/22 Appointment Cards</p>		<p>SUBTOTAL \$ 38.56 TAX \$ 2.31 SHIPPING \$ 0.00  TOTAL \$ 40.87 AMOUNT DUE \$ 40.87</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128786**

Date: **7/31/23**

Customer PO:

Denise Maier  
Mercy Family Medicine of Tipton  
56 Cedar Street  
Tipton IA 52772

Quantity	Description	Amount
1,819	New Doctors Letter	\$ 1,457.17
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Mon 7/24/23 New Doctors Letter</p>		<p>SUBTOTAL \$ 1,457.17 TAX \$ 52.20 SHIPPING \$ 0.00  TOTAL \$ 1,509.37 AMOUNT DUE \$ 1,509.37</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

# Invoice

No: 128831

Date: 8/7/23

Customer PO:

Denise Maier  
Mercy Family Medicine of Tipton  
56 Cedar Street  
Tipton IA 52772

Quantity	Description	Amount
500	Appointment Cards, 2 x 3.5 White 100# Cougar Cover, copied on 1 side, 12 Up	\$ 38.56
Please pay from this invoice. Please reference invoice number on remittance Thank you!		SUBTOTAL \$ 38.56 TAX \$ 2.31 SHIPPING \$ 0.00 TOTAL \$ 40.87 AMOUNT DUE \$ 40.87
Wanted: Sat 8/5/23 Appointment Cards		



Payment Due By 8/31/23

Account No. 1050

**HOSPERS**

& BROTHER PRINTERS

Susan Elder  
Mercy Clinics-West Liberty  
1401 Crees Street  
West Liberty IA 52776

## STATEMENT

Statement Date: 8/16/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE
5/25/23	128531	#10 Envelope	164.37
6/28/23	128660	Appointment Cards	34.82
8/1/23		Finance Charge	2.99

BALANCE AS OF STATEMENT DATE

Current	30 Days	60 Days	90 Days	202.18
2.99	34.82	164.37	0.00	

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128531**

Date: **5/25/23**

Customer PO:

Susan Elder  
Mercy Clinics-West Liberty  
1401 Crees Street  
West Liberty IA 52776

Quantity	Description	Amount
1,000	#10 Envelope, 10 x 0 24# #10 Regular White, printed, 1 color front in Black ink,	\$ 164.37
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Sun 5/28/23</p> <p>#10 Envelope</p>		<p>SUBTOTAL \$ 164.37</p> <p>TAX \$ 0.00</p> <p>SHIPPING</p> <p>TOTAL \$ 164.37</p> <p>AMOUNT DUE \$ 164.37</p>



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128660**

Date: **6/28/23**

Customer PO:

Susan Elder  
Mercy Clinics-West Liberty  
1401 Crees Street  
West Liberty IA 52776

Quantity	Description	Amount
400	Appointment Cards, 2 x 3.5 White 80# Cougar Smooth Cover 4/11, copied on 1 side, 10 Up	\$ 34.82
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Tue 6/27/23 Appointment Cards</p>		<p>SUBTOTAL \$ 34.82</p> <p>TAX \$ 0.00</p> <p>SHIPPING</p> <p>TOTAL \$ 34.82</p> <p>AMOUNT DUE \$ 34.82</p>



Payment Due By 8/31/23

Account No. 261

**HOSPERS**

& BROTHER PRINTERS

Laura Bibby  
Mercy Clinics  
500 East Market  
Iowa City IA 52245

## STATEMENT

Statement Date: 8/16/23

DATE	INVOICE#	DESCRIPTION	BALANCE DUE ON INVOICE	
5/30/23	128408	Payment(128408)	-0.03	-0.03
6/28/23	128645	Walk-In 12x18 Signs		47.46
6/28/23	128638	Business Cards Susan Elder		22.00
8/1/23		Finance Charge		1.04

BALANCE AS OF STATEMENT DATE

Current	30 Days	60 Days	90 Days	70.47
1.04	69.43	0.00	0.00	

THANKS FOR LETTING US BE YOUR PRINTER!

ph: 319.337.2131 | fax: 319.351.4329 | 709 S. CLINTON STREET, IOWA CITY, IA 52240



Hospers & Brother Printers  
709 South Clinton Street  
Iowa City, Iowa 52240

## Invoice

No: **128645**

Date: **6/28/23**

Customer PO:

Laura Bibby  
Mercy Clinics  
500 East Market  
Iowa City IA 52245

Quantity	Description	Amount
6	Walk-In 12x18 Signs	\$ 47.46
<p>Please pay from this invoice. Please reference invoice number on remittance Thank you!</p> <p>Wanted: Sun 6/25/23 Walk-In 12x18 Signs</p>		<p>SUBTOTAL \$ 47.46 TAX SHIPPING \$ 0.00 TOTAL \$ 47.46 AMOUNT DUE \$ 47.46</p>



Hospers & Brother Printers  
 709 South Clinton Street  
 Iowa City, Iowa 52240

# **Invoice**

No: **128638**

Date: **6/28/23**

Customer PO:

Laura Bibby  
 Mercy Clinics  
 500 East Market  
 Iowa City IA 52245

Quantity	Description	Amount
50	Business Cards Susan Elder , 3.5 x 2 White 100# Cougar Cover, copied on 1 side, 12 Up	\$ 22.00
Please pay from this invoice. Please reference invoice number on remittance Thank you!  Wanted: Wed 6/21/23 Business Cards Susan Elder		SUBTOTAL \$ 22.00 TAX SHIPPING \$ 0.00  TOTAL \$ 22.00 AMOUNT DUE \$ 22.00

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