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*Counsel for Smith & Nephew, Inc.*

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
LOS ANGELES DIVISION**

In re:

VERITY HEALTH SYSTEM OF  
CALIFORNIA, INC., *et al.*,

Debtors.

- ☒ Affects All Debtors  
☐ Affects Verity Health System of California, Inc.  
☐ Affects O'Connor Hospital  
☐ Affects Saint Louise Regional Hospital  
☐ Affects St. Francis Medical Center  
☐ Affects St. Vincent Medical Center  
☐ Affects Seton Medical Center  
☐ Affects O'Connor Hospital Foundation  
☐ Affects Saint Louise Regional Hospital Foundation  
☐ Affects St. Francis Medical Center of Lynwood Foundation  
☐ Affects St. Vincent Foundation  
☐ Affects St. Vincent Dialysis Center, Inc.  
☐ Affects Seton Medical Center Foundation  
☐ Affects Verity Business Services  
☐ Affects Verity Medical Foundation  
☐ Affects Verity Holdings, LLC  
☐ Affects De Paul Ventures, LLC  
☐ Affects De Paul Ventures - San Jose Dialysis, LLC

Debtors and Debtors In Possession

Lead Case No. 2:18-bk-20151-ER

Jointly Administered With:  
Case No. 2:18-bk-20162-ER  
Case No. 2:18-bk-20163-ER  
Case No. 2:18-bk-20164-ER  
Case No. 2:18-bk-20165-ER  
Case No. 2:18-bk-20167-ER  
Case No. 2:18-bk-20168-ER  
Case No. 2:18-bk-20169-ER  
Case No. 2:18-bk-20171-ER  
Case No. 2:18-bk-20172-ER  
Case No. 2:18-bk-20173-ER  
Case No. 2:18-bk-20175-ER  
Case No. 2:18-bk-20176-ER  
Case No. 2:18-bk-20178-ER  
Case No. 2:18-bk-20179-ER  
Case No. 2:18-bk-20180-ER  
Case No. 2:18-bk-20181-ER

Hon. Judge Ernest M. Robles

**MOTION OF SMITH & NEPHEW, INC. FOR  
ALLOWANCE AND PAYMENT OF  
POST-PETITION ADMINISTRATIVE  
EXPENSE CLAIM**

Hearing:

Date: January 6, 2021

Time: 10:00 a.m.(PT)

Place: Courtroom 1568, Royal Federal Bldg,  
255 East Temple Street, Los Angeles CA 90012



Smith & Nephew, Inc. (“Smith & Nephew”), by and through its undersigned counsel, hereby moves (the “Motion”) for entry of an order, pursuant to sections 503(a), 503(b)(1)(A), and 507(a)(2) of title 11 of the United States Code (the “Bankruptcy Code”), for allowance and payment of a post-petition administrative expense claim in the amount of \$180,862.08, which represents the amount owed by Debtor St. Vincent Medical Center (“St. Vincent”) to Smith & Nephew for medical supplies delivered post-petition in the ordinary course of business. In support of this Motion, Smith & Nephew submits the *Declaration of Christine Pellett in Support of Motion of Smith & Nephew, Inc. for Allowance and Payment of Post-Petition Administrative Expense Claim* (the “Pellett Declaration”) a true and complete copy of which is annexed hereto as **Exhibit A**. In further support of the Motion, Smith & Nephew respectfully states as follows:

#### **BACKGROUND**

1. On August 31, 2018 (the “Petition Date”), St. Vincent and its affiliated debtors and debtors in possession (collectively, with St. Vincent, the “Debtors”), filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court for the Central District of California (the “Court”). The Debtors’ cases (the “Chapter 11 Cases”) are being jointly administered in the lead bankruptcy case styled as *In re Verity Health System of California, Inc., et al.*, Case No. 2:18-bk-20151-ER [Dkt. No. 17].

2. St. Vincent operated an acute care hospital known as St. Vincent Medical Center (the “Hospital”). See Decl. of Richard G. Adcock [Dkt. No. 8] at ¶ 11. Smith & Nephew sold medical supplies to St. Vincent and certain other Debtors both before<sup>1</sup> and following the Petition Date. Pellett Decl., ¶ 5.

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<sup>1</sup> Amounts owed for Medical Supplies delivered prior to the Petition Date are set forth in Smith & Nephew’s proofs of claim (collectively, the “Proofs of Claim”), and include amounts owed for medical supplies received by the Debtors within the twenty day period immediately prior to the Petition Date, which are entitled to administrative expense priority pursuant to section 503(b)(9) of the Bankruptcy Code. See Claim Nos. 4732 (St. Vincent), 3804 (St. Louise), 4729 (St. Francis), 4730 (O’Connor), 4731 (Seton), and 3801 (Verity Health).

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3. Following the Petition Date, Smith & Nephew sold medical supplies (the “Medical Supplies”) to St. Vincent in the aggregate amount of \$180,862.08 (the “Claim Amount”), which as of the date hereof is past due and has not been paid. Pellett Decl., ¶ 6. A schedule of the invoices that comprise the Claim Amount (the “Invoices”), and copies of each of the Invoices, are annexed to the Pellett Declaration as Exhibits 1 and 2, respectively. *Id.*, ¶ 7.

4. The Medical Supplies were sold to St. Vincent in the ordinary course of Smith & Nephew’s business. Pellett Decl., ¶ 8. St. Vincent purchased the Medical Supplies in the ordinary course of its business, primarily for use in connection with surgical procedures conducted at the Hospital. *Id.*, ¶ 9. St. Vincent has not disputed its obligation to pay for the Medical Supplies. *Id.*, ¶ 10.

5. With the exception of the Claim Amount, the Debtors generally have paid their ordinary course, post-petition business expenses to Smith & Nephew as they have come due. Upon information and belief, the Claim Amount has not yet been paid because, at the direction of the Debtors, the Invoices were addressed to KPC Healthcare Inc. (“KPC”) in anticipation that KPC would be assuming the obligation to pay for the Medical Supplies. Pellett Decl., ¶ 11.

6. At the time the Medical Supplies were sold to St. Vincent, the Debtors were attempting to close a sale of certain of the Debtors’ assets, including St. Vincent’s assets, to Strategic Global Management, Inc. (“SGM”), an affiliate of KPC. The Court had approved the sale to SGM in an order entered on May 2, 2019 [Dkt. No. 2306]. However, the sale failed to close and, on January 3, 2020, the Debtors filed a notice [Dkt. No. 3899] indicating that their purchase agreement with SGM had been terminated. As a result, KPC never assumed the obligation to pay for the Medical Supplies, which remained with St. Vincent.

7. On August 14, 2020, the Court entered an order [Dkt. No. 5504] confirming the *Modified Second Amended Joint Chapter 11 Plan of Liquidation (dated July 2, 2020) of the Debtors, the Prepetition Secured Creditors, and the Committee* [Dkt. No. 5466] (the “Plan”).

8. The Plan provides, among other things, for the payment of ordinary course administrative expense claims on the Effective Date (as defined below) or in accordance with the terms and conditions of the transaction giving rise to such claims. *See* Plan § 2.1. Further, the Plan and the Court’s order dated July 2, 2020 [Dkt. No. 4997] (the “Approval Order”) expressly provide that administrative expenses based on liabilities incurred in the Debtors’ ordinary course of business are not subject to an administrative claim filing deadline. *See* Approval Order at ¶ 39; Plan § 1.14.

9. On September 4, 2020, the Debtors’ filed a notice that the effective date of the Plan (the “Effective Date”) occurred on the date thereof [Dkt. No. 6044].

### **JURISDICTION AND VENUE**

10. This Court has jurisdiction to consider the Motion pursuant to 28 U.S.C. §§ 157(a)-(b) and 1334(b). This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2). Venue of these cases and this Motion is proper in this Court pursuant to 28 U.S.C. §§ 1408 and 1409. The statutory predicates for the relief requested herein are sections 503(a), 503(b)(1)(A), and 507(a)(2) of the Bankruptcy Code.

### **RELIEF REQUESTED**

11. By this Motion, Smith & Nephew respectfully requests entry of an order, in substantially the form annexed hereto as **Exhibit B** (the “Proposed Order”), for allowance and payment of the Claim Amount as a post-petition administrative expense claim.

### **BASIS FOR RELIEF REQUESTED**

12. Section 503(a) of the Bankruptcy Code provides, in relevant part, that “an entity may timely file a request for payment of an administrative expense.” 11 U.S.C. § 503(a). Section 503(b)(1)(A) provides, in relevant part, that “[a]fter notice and a hearing, there shall be allowed administrative expenses ... including the actual, necessary costs and expenses of preserving the estate. 11 U.S.C. § 503(a),(b)(1)(A).

13. Courts find that costs and expenses are actual and necessary to preserve the estate where an “actual benefit” accrues to the estate. *In re Cook Inlet Energy LLC*, 583 B.R. 494, 501

(B.A.P. 9th Cir. 2018) (citing *Burlington Northern Railroad Co. v. Dant & Russell, Inc. (In re Dant & Russell, Inc.)*, 853 F.2d 700, 706 (9th Cir. 1988)). “In general, post-petition business expenses are granted administrative-expense priority so that third parties will risk providing the goods and services that are necessary for a struggling debtor to reorganize.” See *In re Kadjevich*, 220 F.3d 1016, 1019 (9th Cir. 2000); see also *Microsoft Corp. v. DAK Indus., Inc. (In re DAK Indus., Inc.)*, 66 F.3d 1091, 1097 (9th Cir.1995) (“Payment of administrative expenses allows the debtor to secure goods and services necessary to administer the estate, which ultimately accrues to the benefit of all creditors.”).

14. The Medical Supplies were sold to St. Vincent in the ordinary course of Smith & Nephew’s business. Pellett Decl., ¶ 8. St. Vincent purchased the Medical Supplies in the ordinary course of its business, primarily for use in connection with surgical procedures conducted at the Hospital. *Id.*, ¶ 9. St. Vincent has not disputed its obligation to pay for the Medical Supplies. *Id.*, ¶ 10. As such, the Medical Supplies contributed an actual benefit to St. Vincent and its creditors, and Smith & Nephew’s claim for payment should be afforded administrative expense priority.

15. The Plan provides that ordinary course administrative expense claims shall be paid on the Effective Date or in accordance with their payment terms. See Plan § 2.1. St. Vincent’s obligation to pay for the Medical Supplies is past due. See Pellett Decl., ¶ 6.

16. Accordingly, Smith & Nephew respectfully requests that the Court allow its administrative expense claim in the Claim Amount and direct payment of such claim in accordance with the Plan.

#### **RESERVATION OF RIGHTS**

17. Nothing contained herein shall constitute a waiver or limitation of Smith & Nephew’s rights and remedies under the Bankruptcy Code or other applicable law. Nothing contained herein shall be construed to amend or modify the Proofs of Claim or the pre-petition administrative expense claims set forth therein pursuant to section 503(b)(9) of the Bankruptcy Code.

**CONCLUSION**

WHEREFORE, Smith & Nephew respectfully requests that the Court enter an order, substantially in the form of the Proposed Order, (a) allowing Smith & Nephew a post-petition administrative expense claim in the amount of \$180,862.08, (b) directing that the Debtors make immediate payment of such claim, and (c) granting such other and further relief in favor of Smith & Nephew as the Court may deem just or proper.

Dated: December 2, 2020

Respectfully submitted,

By: /s/ Robert A. Rich  
Robert A. Rich (admitted *pro hac vice*)  
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*Counsel for Smith & Nephew, Inc.*

**EXHIBIT A**

**PELLETT DECLARATION**

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Debtors and Debtors In Possession

Lead Case No. 2:18-bk-20151-ER

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Hon. Judge Ernest M. Robles

**DECLARATION OF CHRISTINE PELLETT  
IN SUPPORT OF MOTION OF SMITH &  
NEPHEW, INC. FOR ALLOWANCE AND  
PAYMENT OF POST-PETITION  
ADMINISTRATIVE EXPENSE CLAIM**

**DECLARATION OF CHRISTINE PELLETT IN SUPPORT OF  
MOTION OF SMITH & NEPHEW, INC. FOR ALLOWANCE AND PAYMENT OF  
POST-PETITION ADMINISTRATIVE EXPENSE CLAIM**



Hunton Andrews Kurth LLP  
550 South Hope Street, Suite 2000  
Los Angeles, California 90071-2627

- 1 I, Christine Pellett, pursuant to 28 U.S.C. § 1746, hereby declare as follows:
- 2 1. I am a project manager with Smith & Nephew, Inc. ("Smith & Nephew").
- 3 2. I am over eighteen (18) years of age and competent to testify to the matters set forth
- 4 in this declaration.
- 5 3. I submit this declaration in support of the *Motion of Smith & Nephew, Inc. for*
- 6 *Allowance and Payment of Post-Petition Administrative Expense Claim* (the "Motion").<sup>1</sup>
- 7 4. As part of my responsibilities as project manager with Smith & Nephew, I have
- 8 access to and am familiar with Smith & Nephew's business records, which records include
- 9 computerized and hard copies of relevant documents and payment history (the "Business Records")
- 10 associated with St. Vincent Medical Center ("St. Vincent") and the other Debtors. The facts set
- 11 forth in this declaration are based upon my personal knowledge and my review of the relevant
- 12 Business Records.
- 13 5. Smith & Nephew sold medical supplies to St. Vincent and certain other Debtors both
- 14 before and following August 31, 2018 (the "Petition Date").
- 15 6. Following the Petition Date, Smith & Nephew sold medical supplies (the "Medical
- 16 Supplies") to St. Vincent in the aggregate amount of \$180,862.08 (the "Claim Amount"), which as
- 17 of the date hereof is past due and has not been paid.
- 18 7. A schedule of the invoices that comprise the Claim Amount (the "Invoices"), and
- 19 copies of each of the Invoices, are annexed hereto as **Exhibits 1** and **2**, respectively.
- 20 8. The Medical Supplies were sold to St. Vincent in the ordinary course of Smith &
- 21 Nephew's business.
- 22 9. St. Vincent purchased the Medical Supplies in the ordinary course of its business,
- 23 primarily for use in connection with surgical procedures conducted at the Hospital.
- 24 10. St. Vincent has not disputed its obligation to pay for the Medical Supplies.

25

26 <sup>1</sup> Capitalized terms used but not defined herein shall have the meanings ascribed to such terms in the

27 Motion.

1 11. Upon information and belief, the Invoices have not yet been paid because, at the  
2 direction of the Debtors, the Invoices were addressed to KPC Healthcare Inc. ("KPC") in  
3 anticipation that KPC would be assuming these liabilities. However, I understand that the Debtors'  
4 transaction with KPC never closed, and therefore the obligation to pay for the Medical Supplies  
5 remains with St. Vincent.

6 I declare under penalty of perjury under the laws of the United States of America that the  
7 foregoing is true and correct to the best of my knowledge and belief.

8 Dated: November 16, 2020

9  
10   
Christine Pellett

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**EXHIBIT 1**  
**Schedule**

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## Exhibit 1 - Schedule

Assignment	Document Date	Invoice reference	Document Number	Document Type	Amount in local currency	Local Currency	Text	Reference
300293 237928	11/21/2019	923702322	923702322	RX	566.50	USD		V201404413
20191122	11/22/2019	923705655	923705655	RX	3,170.03	USD		V201404547
20191125	11/25/2019	923711877	923711877	RX	7,000.00	USD		V201404322
20191125	11/25/2019	923711878	923711878	RX	10,021.43	USD		V201404425
20191125	11/25/2019	923716481	923716481	RX	1,205.10	USD		V201404861
300293 237928	11/27/2019	923725720	923725720	RX	1,298.34	USD		V201405050
20191127	11/27/2019	923725721	923725721	RX	4,412.54	USD		V201405163
300293 237928	11/27/2019	923725722	923725722	RX	1,122.76	USD		V201405107
20191127	11/27/2019	923725723	923725723	RX	4,961.26	USD		V201405136
300351 237275	12/3/2019	923738179	923738179	RX	2,909.42	USD		V201405416A
300293 237928	12/10/2019	923756040	923756040	RX	1,489.27	USD		V201406016
20191211	12/11/2019	923760698	923760698	RX	3,000.00	USD		V201406065
20191211	12/11/2019	923760699	923760699	RX	4,401.67	USD		V201405696
20191211	12/11/2019	923760700	923760700	RX	3,000.00	USD		V201405671
20191211	12/11/2019	923760701	923760701	RX	4,406.27	USD		V201406242
20191211	12/11/2019	923762243	923762243	RX	4,857.50	USD		V201406005
300293 237928	12/13/2019	923772335	923772335	RX	5,652.39	USD		V201406587
300293 237928	12/16/2019	923775998	923775998	RX	3,242.80	USD		V201406482
20191219	12/19/2019	923788879	923788879	RX	3,170.03	USD		V201407243
20191219	12/19/2019	923792956	923792956	RX	4,413.38	USD		V201406486
20191219	12/19/2019	923792957	923792957	RX	4,854.74	USD		V201406898
20191219	12/19/2019	923792958	923792958	RX	2,681.25	USD		V201407328
20191220	12/20/2019	923794726	923794726	RX	12,103.64	USD		V201406319
300293 237928	12/20/2019	923797245	923797245	RX	1,707.83	USD		V201406908
300293 237928	12/20/2019	923797246	923797246	RX	1,335.37	USD		V201407448
300293 237928	12/23/2019	923802861	923802861	RX	2,825.76	USD		V201407522
300293 237928	12/24/2019	923808206	923808206	RX	2,518.50	USD		V201407522
300293 237928	12/24/2019	923808720	923808720	RX	9,866.75	USD		V201407522
300351 237275	12/24/2019	923808721	923808721	RX	2,450.62	USD		V201407680A
20191226	12/26/2019	923813660	923813660	RX	7,000.00	USD		V201406249
300293 237928	12/27/2019	923816371	923816371	RX	138.05	USD		V201406358
300293 237928	12/27/2019	923816372	923816372	RX	3,051.14	USD		V201407672
300293 237928	12/27/2019	923816373	923816373	RX	1,857.08	USD		V201407579
20191231	12/31/2019	923829193	923829193	RX	3,170.03	USD		V201408170
20200113	1/13/2020	923856486	923856486	RX	10,009.00	USD		V201408962
20200113	1/13/2020	923856487	923856487	RX	4,401.67	USD		V201409199
300293 237928	1/20/2020	923875516	923875516	RX	1,489.27	USD		V201409023
300293 237928	1/20/2020	923875517	923875517	RX	1,912.76	USD		V201408956
300293 237928	1/20/2020	923875518	923875518	RX	3,453.18	USD		V201409972
20200124	1/24/2020	923892894	923892894	RX	5,678.50	USD		V201408828
20200124	1/24/2020	923892895	923892895	RX	3,000.00	USD		V201409190
20200124	1/24/2020	923892896	923892896	RX	7,000.00	USD		V201408698
20200131	1/31/2020	923920971	923920971	RX	4,856.25	USD		V201409248
20200131	1/31/2020	923920972	923920972	RX	9,200.00	USD		V201408773
					180,862.08	USD		

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**EXHIBIT 2**  
**Invoices**

**EXHIBIT 2**

**Invoices**

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
Invoice Number 923702322	Invoice Date 11/21/2019	Page 1 of 1
Order Number 203267471	Customer Number 185480	PO Number V201404413
Order Date 11/20/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 47048900	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		566.50

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	72203730	Capital Upcharge			0.00	0.00
		UC ROTATOR CUFF INSTRUMENT TRAY	1	EA	500.00	500.00
					Items total	500.00
					Delivery charge	19.00
Tax Jur Code Level 1	Code BM	Rate 6.00 %	Tax Basis	519.00	Tax Amount	30.00
Tax Jur Code Level 2	Code BM	Rate 1.25 %	Tax Basis	519.00	Tax Amount	6.25
Tax Jur Code Level 4	Code BM	Rate 2.25 %	Tax Basis	519.00	Tax Amount	11.25
					Total Taxes	47.50
<p>Many of Smith &amp; Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith &amp; Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith &amp; Nephew's commercial terms at <a href="http://www.sntandc.com">www.sntandc.com</a>. Smith &amp; Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith &amp; Nephew's list prices for the named products. Consistent with Smith &amp; Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith &amp; Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith &amp; Nephew. The products listed on this invoice may be subject to Smith &amp; Nephew's warranties, as further detailed in Smith &amp; Nephew's Terms and Conditions (available at <a href="http://www.sntandc.com">www.sntandc.com</a>) or in your agreement with Smith &amp; Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith &amp; Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.</p>						
For a complete list of Terms and Conditions, please refer to our website <a href="http://www.sntandc.com">www.sntandc.com</a>						
Send Payment To: Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651		For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105		Total Amount Due		566.50

S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.





**Smith & Nephew, Inc.**  
5600 Clearfork Main Street  
Suite 600  
Fort Worth, TX 76109  
www.smith-nephew.com

Customer Service  
T 1-800-876-1261  
F 1-727-392-6914

## INVOICE

<b>Invoice Number</b> 923705655	<b>Invoice Date</b> 11/22/2019	<b>Page</b> 1 of 1
<b>Order Number</b> 203295231	<b>Customer Number</b> 185480	<b>PO Number</b> V201404547
<b>Order Date</b> 11/22/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Smith&Nephew pays freight
<b>Delivery Number</b> 48906963		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,170.03

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	66800042	VERSAJET EXACT ASSY, 45 DEGREE X 8MM Your article number : 411149 Batch: 50826701	1	CAS	2,895.00	2,895.00
<b>Items total</b>						2,895.00
Tax Jur Code Level 1	<b>Code</b> BH	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	173.70
Tax Jur Code Level 2	<b>Code</b> BH	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	36.19
Tax Jur Code Level 4	<b>Code</b> BH	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	65.14
<b>Total Taxes</b>						275.03
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<b>For a complete list of Terms and Conditions, please refer to our website www.sntandc.com</b>						
<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651		For questions about your invoice call Customer Support Center: T 1-800-876-1261 F 1-727-392-6914			<b>Total Amount Due</b>	3,170.03

**S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.**

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

**Delivery Address**

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

INVOICE		
Invoice Number 923711877	Invoice Date 11/25/2019	Page 1 of 1
Order Number 203239678	Customer Number 185480	PO Number V201404322
Order Date 11/18/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 47013835	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		7,000.00

[illegible]



**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923711878	<b>Invoice Date</b> 11/25/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203268756	<b>Customer Number</b> 185480	<b>PO Number</b> V201404425
<b>Order Date</b> 11/20/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 48890464		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		10,021.43

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71704560	LGN GII CR Oxi NP Tib Std Insert	1	EA	4,400.00	4,400.00
000020	71421237	LEGION CR OXIN FEM SZ7 LT Batch: 18JM01805	1	EA	0.00	0.00
000030	71420172	GNS II CMT TIB SIZE 7 1/2 LEFT Batch: 18KM23425	1	EA	0.00	0.00
000040	71421547	GII CR DEEP FLEX ISRT S7-8 9M Batch: 10EM11510	1	EA	0.00	0.00
000050	71926225	GEN II RESURF PATELLA 38MM Batch: 18EM13558	1	EA	0.00	0.00
000060	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	4	EA	0.00	0.00
000070	71935386	LEGION TIB CONE ID 18 SHORT Batch: 18KTX0024	1	EA	4,725.00	4,725.00
000080	71421312	REV PRESSFIT STEM NSLT12X100 Batch: 18MSM0863	1	EA	891.00	891.00
<b>Items total</b>						10,016.00
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	57.20	<b>Tax Amount</b>	3.42
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	57.20	<b>Tax Amount</b>	0.72
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	57.20	<b>Tax Amount</b>	1.29
<b>Total Taxes</b>						5.43

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further

**S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.**



**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923711878	<b>Invoice Date</b> 11/25/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203268756	<b>Customer Number</b> 185480	<b>PO Number</b> V201404425
<b>Order Date</b> 11/20/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 48890464		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		10,021.43

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at [www.sntandc.com](http://www.sntandc.com)) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

10,021.43

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923716481	Invoice Date 11/25/2019	Page 1 of 1
Order Number 203315758	Customer Number 185480	PO Number V201404861
Order Date 11/25/2019	Ship Via FedEx 2 Day	Terms Of Delivery Bill customers account
Delivery Number 48934055		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		1,205.10

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	129419	BUCK FEM CEMENT RSTR 25MM Your article number : 15127 Batch: 19KSM0026 Your article number : 15127	4	BX	297.99	1,191.96
<b>Items total</b>						1,191.96
<b>Handling fee</b>						12.00
Tax Jur Code Level 1	<b>Code</b> BP	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.72
Tax Jur Code Level 2	<b>Code</b> BP	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.15
Tax Jur Code Level 4	<b>Code</b> BP	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.27
<b>Total Taxes</b>						1.14
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<b>For a complete list of Terms and Conditions, please refer to our website www.sntandc.com</b>						
<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651		For questions about your invoice call Customer Support Center: T 1-800-238-7538 F 1-800-621-6924			<b>Total Amount Due</b>	1,205.10

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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923725720	<b>Invoice Date</b> 11/27/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203298534	<b>Customer Number</b> 185480	<b>PO Number</b> V201405050
<b>Order Date</b> 11/22/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 48910259		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,298.34

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	7205434	UC SMALL JOINT INSTRUMENT	1	EA	650.00	650.00
000020	72203756	UC GUHL NON-INVASIVE ANKLE DSTR SYS	1	EA	350.00	350.00
000040	014407	FOOT STRAP, ANKLE DSTRCTR,STRL(6) Batch: 2015758	1	EA	50.75	50.75
000050	72201813	THIGH SUPPORT, DISPOSABLE PAD, FERKEL Batch: 277716	1	EA	81.84	81.84
000030	72201513	INCISOR PLUS,ELITE, POWER-MINI DISP 2.9 Batch: 50810125	1	EA	53.11	53.11
<b>Items total</b>						1,185.70
<b>Delivery charge</b>						0.00
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	1,019.00	<b>Tax Amount</b>	59.98
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	185.70	<b>Tax Amount</b>	11.16
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	1,019.00	<b>Tax Amount</b>	12.51
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	185.70	<b>Tax Amount</b>	2.31
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	1,019.00	<b>Tax Amount</b>	22.51
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	185.70	<b>Tax Amount</b>	4.17
<b>Total Taxes</b>						112.64

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**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923725720	<b>Invoice Date</b> 11/27/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203298534	<b>Customer Number</b> 185480	<b>PO Number</b> V201405050
<b>Order Date</b> 11/22/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 48910259		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,298.34

accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 1,298.34
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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923725721	<b>Invoice Date</b> 11/27/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203342562	<b>Customer Number</b> 185480	<b>PO Number</b> V201405163
<b>Order Date</b> 11/27/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 48970028		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,412.54

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71701265	LGNGII CR Oxi Fem w/ All Poly Tib	1	EA	4,400.00	4,400.00
000020	71421255	LEGION NARROW CR OXIN SZ 5N RT Batch: 19JM04739	1	EA	0.00	0.00
000030	71420306	GII CR POLY TB SZ 3 11MM RT Batch: 18HM13164	1	EA	0.00	0.00
000040	71420576	GNS II RESURF PAT 32MM Batch: 19HM06181	1	EA	0.00	0.00
000050	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000060	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	4	EA	0.00	0.00
<b>Items total</b>						4,400.00
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code B1</b>	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	132.00	<b>Tax Amount</b>	7.90
Tax Jur Code Level 2	<b>Code B1</b>	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	132.00	<b>Tax Amount</b>	1.66
Tax Jur Code Level 4	<b>Code B1</b>	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	132.00	<b>Tax Amount</b>	2.98
<b>Total Taxes</b>						12.54

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice

**S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.**



**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923725721	<b>Invoice Date</b> 11/27/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203342562	<b>Customer Number</b> 185480	<b>PO Number</b> V201405163
<b>Order Date</b> 11/27/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 48970028		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,412.54

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

4,412.54

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Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Delivery Address			
St Vincent Medical Center			
2131 West 3rd Street			
LOS ANGELES	CA	90057	

INVOICE		
Invoice Number 923725722	Invoice Date 11/27/2019	Page 1 of 1
Order Number 203343397	Customer Number 185480	PO Number V201405107
Order Date 11/27/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 48971785	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		1,122.76

[illegible]



**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923725723	Invoice Date 11/27/2019	Page 1 of 2
Order Number 203299215	Customer Number 185480	PO Number V201405136
Order Date 11/22/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 48972394	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		4,961.26

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71709000	Knee - Journey II Oxi w/ VERI & NP Tib	1	EA	4,900.00	4,900.00
000020	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000030	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000040	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000050	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000060	74013472	RIM SPEED PIN 65MM STERILE Batch: UNKNOWN	1	EA	0.00	0.00
000070	74013472	RIM SPEED PIN 65MM STERILE Batch: UNKNOWN	1	EA	0.00	0.00
000080	74013472	RIM SPEED PIN 65MM STERILE Batch: UNKNOWN	1	EA	0.00	0.00
000090	74022123	JRNY II BCS FEMORAL OXIN LT SZ 3 Batch: 19FM14631	1	EA	0.00	0.00
000100	74022223	JOURNEY TIBIA BASE NP LT SZ 3 Batch: 19JM09725	1	EA	0.00	0.00
000110	74024623	JRNY BCS PAT BICONVEX 23 MM STD Batch: 18LM12188	1	EA	0.00	0.00
000120	74027243	JRNY II BCS XLPE ART ISRT SZ 3-4 LT 11MM Batch: 17EM19394	1	EA	0.00	0.00
000130	004537	DELIVERY	1	EA	50.00	50.00

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## INVOICE

Invoice Number 923725723	Invoice Date 11/27/2019	Page 2 of 2
Order Number 203299215	Customer Number 185480	PO Number V201405136
Order Date 11/22/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 48972394	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		4,961.26

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

<b>Items total</b>						4,950.00
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	39.20	<b>Tax Amount</b>	2.36
Tax Jur Code Level 1	<b>Code</b> BP	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	50.00	<b>Tax Amount</b>	2.99
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	29.40	<b>Tax Amount</b>	1.77
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	39.20	<b>Tax Amount</b>	0.48
Tax Jur Code Level 2	<b>Code</b> BP	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	50.00	<b>Tax Amount</b>	0.63
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	29.40	<b>Tax Amount</b>	0.36
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	39.20	<b>Tax Amount</b>	0.88
Tax Jur Code Level 4	<b>Code</b> BP	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	50.00	<b>Tax Amount</b>	1.13
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	29.40	<b>Tax Amount</b>	0.66
<b>Total Taxes</b>						11.26

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

4,961.26

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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923738179	<b>Invoice Date</b> 12/03/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203389727	<b>Customer Number</b> 185480	<b>PO Number</b> V201405416A
<b>Order Date</b> 12/03/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 49038709		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		2,909.42

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	RR 300	3CM RIEMANN NASAL DRESSING Your article number : 80426 Batch: 2032546	1	BX	550.00	550.00
000020	RR 400	4CM RIEMANN NASAL DRESSING Your article number : 80339 Batch: 2037006	1	BX	627.00	627.00
000030	RR 450	4.5CM ANTERIOR Your article number : 48190 Batch: 2036019	2	BX	367.00	734.00
000040	RR 550	5.5CM ANTERIOR Your article number : 335522 Batch: 2040319 Your article number : 335522	2	BX	367.00	734.00
<b>Items total</b>						2,645.00
<b>Handling fee</b>						12.00
Tax Jur Code Level 1	<b>Code</b> BF	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	2,645.00	<b>Tax Amount</b>	158.67
Tax Jur Code Level 1	<b>Code</b> BP	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.72
Tax Jur Code Level 2	<b>Code</b> BF	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	2,645.00	<b>Tax Amount</b>	33.08
Tax Jur Code Level 2	<b>Code</b> BP	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.15
Tax Jur Code Level 4	<b>Code</b> BF	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	2,645.00	<b>Tax Amount</b>	59.53
Tax Jur Code Level 4	<b>Code</b> BP	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.27
<b>Total Taxes</b>						252.42

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith

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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923738179	<b>Invoice Date</b> 12/03/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203389727	<b>Customer Number</b> 185480	<b>PO Number</b> V201405416A
<b>Order Date</b> 12/03/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 49038709		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		2,909.42

& Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at [www.sntandc.com](http://www.sntandc.com)) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 2,909.42
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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923756040	<b>Invoice Date</b> 12/10/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203404656	<b>Customer Number</b> 185480	<b>PO Number</b> V201406016
<b>Order Date</b> 12/04/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 49056990		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,489.27

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
		Capital Upcharge			0.00	0.00
000010	72203730	UC ROTATOR CUFF INSTRUMENT TRAY	1	EA	500.00	500.00
000020	7204895	CANN 5.5 WO/HOLES LTX FREE ORANGE	1	EA	27.27	27.27
		Batch: 2025316				
000030	72203707	HEALICOIL RG SA 5.5MM W/3 UB-BL CB BL BK	1	EA	400.16	400.16
		Batch: 2030953				
000040	22-4038	DISP FIRSTPASS STR PASSR SELF	1	EA	450.00	450.00
		Batch: 2032522				
<b>Items total</b>						1,377.43
<b>Delivery charge</b>						19.00
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	30.00
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	477.27	<b>Tax Amount</b>	28.63
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	6.25
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	477.27	<b>Tax Amount</b>	5.97
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	11.25
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	477.27	<b>Tax Amount</b>	10.74
<b>Total Taxes</b>						92.84

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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923756040	<b>Invoice Date</b> 12/10/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203404656	<b>Customer Number</b> 185480	<b>PO Number</b> V201406016
<b>Order Date</b> 12/04/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 49056990		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,489.27

federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 1,489.27
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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923760698	Invoice Date 12/11/2019	Page 1 of 2
Order Number 203327002	Customer Number 185480	PO Number V201406065
Order Date 11/26/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 49019900		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		3,000.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71701450	Hip - TandemBipolar PorousFem w/ CoCrHd	1	EA	3,000.00	3,000.00
000020	71341014	ECH PRI FEM COMP SO SZ 14 Batch: 19CM08486	1	EA	0.00	0.00
000030	71302800	COCR 12/14 FEM HEAD 28 +0 Batch: 19KM16897	1	EA	0.00	0.00
000040	71322051	TANDEM BIPOLAR COCR 51OD 28ID Batch: 19CM14530	1	EA	0.00	0.00
<b>Items total</b>						3,000.00
<b>Handling fee</b>						0.00
<b>Total Taxes</b>						0.00
<p>Many of Smith &amp; Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith &amp; Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith &amp; Nephew's commercial terms at www.sntandc.com. Smith &amp; Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith &amp; Nephew's list prices for the named products. Consistent with Smith &amp; Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith &amp; Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith &amp; Nephew. The products listed on this invoice may be subject to Smith &amp; Nephew's warranties, as further detailed in Smith &amp; Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith &amp; Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith &amp; Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.</p>						
<b>For a complete list of Terms and Conditions, please refer to our website www.sntandc.com</b>						

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923760698	Invoice Date 12/11/2019	Page 2 of 2
Order Number 203327002	Customer Number 185480	PO Number V201406065
Order Date 11/26/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 49019900		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		3,000.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due** 3,000.00

S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.



**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923760699	<b>Invoice Date</b> 12/11/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203394495	<b>Customer Number</b> 185480	<b>PO Number</b> V201405696
<b>Order Date</b> 12/03/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 49042882		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,401.67

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71701265	LGNGII CR Oxi Fem w/ All Poly Tib	1	EA	4,400.00	4,400.00
000020	71421245	LEGION NARROW CR OXIN SZ 5N LT Batch: 19JM09303	1	EA	0.00	0.00
000030	71420260	GII CR POLY TB SZ 5 13MM LT Batch: 15BM11899	1	EA	0.00	0.00
000040	71420578	GNS II RESURF PAT 35MM Batch: 19JM01906	1	EA	0.00	0.00
000050	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
<b>Items total</b>						4,400.00
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	17.60	<b>Tax Amount</b>	1.05
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	17.60	<b>Tax Amount</b>	0.22
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	17.60	<b>Tax Amount</b>	0.40
<b>Total Taxes</b>						1.67

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923760699	<b>Invoice Date</b> 12/11/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203394495	<b>Customer Number</b> 185480	<b>PO Number</b> V201405696
<b>Order Date</b> 12/03/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 49042882		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,401.67

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

4,401.67

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Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

**Delivery Address**

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

INVOICE		
Invoice Number 923760700	Invoice Date 12/11/2019	Page 1 of 2
Order Number 203394253	Customer Number 185480	PO Number V201405671
Order Date 12/03/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 500008524	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		3,000.00

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71701450	Hip - TandemBipolar PorousFem w/ CoCrHd	1	EA	3,000.00	3,000.00
000020	71341014	ECH PRI FEM COMP SO SZ 14 Batch: 19CM14783	1	EA	0.00	0.00
000030	71302803	COCR 12/14 FEM HEAD 28 -3 Batch: 19EM07978	1	EA	0.00	0.00
000040	71322050	TANDEM BIPOLAR COCR 50OD 28ID Batch: 19EM00703A	1	EA	0.00	0.00
			Items total			3,000.00
			Handling fee			0.00

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923760700	Invoice Date 12/11/2019	Page 2 of 2
Order Number 203394253	Customer Number 185480	PO Number V201405671
Order Date 12/03/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 500008524		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		3,000.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

3,000.00



**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923760701	<b>Invoice Date</b> 12/11/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203405378	<b>Customer Number</b> 185480	<b>PO Number</b> V201406294
<b>Order Date</b> 12/04/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32017653		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,406.27

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71701265	LGNGII CR Oxi Fem w/ All Poly Tib	1	EA	4,400.00	4,400.00
000020	71421256	LEGION NARROW CR OXIN SZ 6N RT Batch: 19JM01694	1	EA	0.00	0.00
000030	71420330	GII CR ALL POLY TB SZ6 11MM RT Batch: 16BM21139	1	EA	0.00	0.00
000040	71420578	GNS II RESURF PAT 35MM Batch: 19JM01907	1	EA	0.00	0.00
000050	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	4	EA	0.00	0.00
<b>Items total</b>						4,400.00
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code B1</b>	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	66.00	<b>Tax Amount</b>	3.95
Tax Jur Code Level 2	<b>Code B1</b>	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	66.00	<b>Tax Amount</b>	0.83
Tax Jur Code Level 4	<b>Code B1</b>	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	66.00	<b>Tax Amount</b>	1.49
<b>Total Taxes</b>						6.27

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1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
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## INVOICE

<b>Invoice Number</b> 923760701	<b>Invoice Date</b> 12/11/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203405378	<b>Customer Number</b> 185480	<b>PO Number</b> V201406294
<b>Order Date</b> 12/04/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32017653		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,406.27

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

4,406.27

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Memphis, TN 38116  
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Customer Service  
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## INVOICE

<b>Invoice Number</b> 923762243	<b>Invoice Date</b> 12/11/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203432260	<b>Customer Number</b> 185480	<b>PO Number</b> V201406005
<b>Order Date</b> 12/06/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 500046859		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,857.50

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71704575	LGN GII PS Verilast NP Tib	1	EA	4,400.00	4,400.00
000020	71421215	LEGION PS OXIN FEM SZ5 LT Batch: 19HM21771	1	EA	0.00	0.00
000030	71420166	GNS II CMT TIB SIZE 4 LEFT Batch: 19FT22225	1	EA	0.00	0.00
000040	71453212	LGN PS HIGH FLEX XLPE SZ 3-4 11MM Batch: 19HM04702	1	EA	0.00	0.00
000050	71932636	GEN II 7.5MM RESUR PAT 32MM Batch: 19GM16360	1	EA	0.00	0.00
000060	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000070	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000080	71271440	VERSABOND AB 40 GRAMS F2 Batch: 18AC07490	2	EA	227.50	455.00
<b>Items total</b>						4,855.00
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	26.40	<b>Tax Amount</b>	1.56
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	26.40	<b>Tax Amount</b>	0.34
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	26.40	<b>Tax Amount</b>	0.60
<b>Total Taxes</b>						2.50
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Customer Service  
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F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923762243	<b>Invoice Date</b> 12/11/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203432260	<b>Customer Number</b> 185480	<b>PO Number</b> V201406005
<b>Order Date</b> 12/06/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 500046859		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,857.50

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

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<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-238-7538 F 1-800-621-6924	<b>Total Amount Due</b> 4,857.50
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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923772335	<b>Invoice Date</b> 12/13/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203503069	<b>Customer Number</b> 185480	<b>PO Number</b> V201406587
<b>Order Date</b> 12/13/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32056674		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		5,652.39

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	ASHA4250-01	AMBIENT SUPER TURBOVAC 90 IFS Your article number : 405516 Batch: 2039771	10	EA	170.00	1,700.00
000020	72290038	WEREWOLF FLOW 90 COBLATION WAND Your article number : 436464 Batch: 2038062 Your article number : 436464	15	EA	230.00	3,450.00
<b>Items total</b>						5,150.00
<b>Handling fee</b>						12.00
Tax Jur Code Level 1	<b>Code BP</b>	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.72
Tax Jur Code Level 1	<b>Code BQ</b>	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	5,150.00	<b>Tax Amount</b>	308.99
Tax Jur Code Level 2	<b>Code BP</b>	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.15
Tax Jur Code Level 2	<b>Code BQ</b>	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	5,150.00	<b>Tax Amount</b>	64.38
Tax Jur Code Level 4	<b>Code BP</b>	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.27
Tax Jur Code Level 4	<b>Code BQ</b>	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	5,150.00	<b>Tax Amount</b>	115.88
<b>Total Taxes</b>						490.39

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S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.



**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923772335	<b>Invoice Date</b> 12/13/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203503069	<b>Customer Number</b> 185480	<b>PO Number</b> V201406587
<b>Order Date</b> 12/13/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32056674		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		5,652.39

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-343-5717  
F 1-800-554-6105

**Total Amount Due**

5,652.39

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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923775998	<b>Invoice Date</b> 12/16/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203403349	<b>Customer Number</b> 185480	<b>PO Number</b> V201406482
<b>Order Date</b> 12/04/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 49055486		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,242.80

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
		Capital Upcharge			0.00	0.00
000010	72203730	UC ROTATOR CUFF INSTRUMENT TRAY	1	EA	500.00	500.00
000080	72290123	QFIX 1.8 MINI SUTURE ANCHOR	2	EA	650.00	1,300.00
		Batch: 2023637				
000020	7210424	ACCU-PASS STR SHUTTLE 45 DEG RGHT CRVE	1	EA	137.35	137.35
		Batch: 2024878				
000030	72290118	1.8MM Q-FIX DISPOSABLE FLEXIBLE DRILL	1	EA	471.42	471.42
		Batch: 2022749				
000040	72290123	QFIX 1.8 MINI SUTURE ANCHOR	1	EA	650.00	650.00
		Batch: 2035848				
000050	7204895	CANN 5.5 WO/HOLES LTX FREE ORANGE	1	EA	27.27	27.27
		Batch: 50731790				
000060	014718	CL-TR THRD CANN 8MM/76MM LTX FREE (10) G	1	EA	27.25	27.25
		Batch: 2023267				
<b>Items total</b>						3,113.29
<b>Delivery charge</b>						19.00

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## INVOICE

<b>Invoice Number</b> 923775998	<b>Invoice Date</b> 12/16/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203403349	<b>Customer Number</b> 185480	<b>PO Number</b> V201406482
<b>Order Date</b> 12/04/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 49055486		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,242.80

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Tax Jur Code Level 1	<b>Code</b> BC	<b>Rate</b> 6.00 %	<b>Tax Basis</b> 471.42	<b>Tax Amount</b> 28.28
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b> 519.00	<b>Tax Amount</b> 30.00
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b> 191.87	<b>Tax Amount</b> 11.52
Tax Jur Code Level 2	<b>Code</b> BC	<b>Rate</b> 1.25 %	<b>Tax Basis</b> 471.42	<b>Tax Amount</b> 5.89
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b> 519.00	<b>Tax Amount</b> 6.25
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b> 191.87	<b>Tax Amount</b> 2.40
Tax Jur Code Level 4	<b>Code</b> BC	<b>Rate</b> 2.25 %	<b>Tax Basis</b> 471.42	<b>Tax Amount</b> 10.61
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b> 519.00	<b>Tax Amount</b> 11.25
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b> 191.87	<b>Tax Amount</b> 4.31
<b>Total Taxes</b>				110.51

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:  
T 1-800-343-5717  
F 1-800-554-6105

**Total Amount Due** 3,242.80

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**Smith & Nephew, Inc.**  
5600 Clearfork Main Street  
Suite 600  
Fort Worth, TX 76109  
www.smith-nephew.com

Customer Service  
T 1-800-876-1261  
F 1-727-392-6914

## INVOICE

<b>Invoice Number</b> 923788879	<b>Invoice Date</b> 12/19/2019	<b>Page</b> 1 of 1
<b>Order Number</b> 203554439	<b>Customer Number</b> 185480	<b>PO Number</b> V201407243
<b>Order Date</b> 12/18/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Smith&Nephew pays freight
<b>Delivery Number</b> 32137194		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,170.03

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	66800042	VERSAJET EXACT ASSY, 45 DEGREE X 8MM  Your article number : 411149 Batch: 50831560	1	CAS	2,895.00	2,895.00
<b>Items total</b>						2,895.00
Tax Jur Code Level 1	<b>Code</b> BH	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	173.70
Tax Jur Code Level 2	<b>Code</b> BH	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	36.19
Tax Jur Code Level 4	<b>Code</b> BH	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	65.14
<b>Total Taxes</b>						275.03
Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.						
<b>For a complete list of Terms and Conditions, please refer to our website www.sntandc.com</b>						
<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651		For questions about your invoice call Customer Support Center: T 1-800-876-1261 F 1-727-392-6914			<b>Total Amount Due</b>	3,170.03

**S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.**

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

Delivery Address			
St Vincent Medical Center			
2131 West 3rd Street			
LOS ANGELES	CA	90057	

INVOICE		
Invoice Number 923792956	Invoice Date 12/19/2019	Page 1 of 2
Order Number 203463191	Customer Number 185480	PO Number V201406486
Order Date 12/10/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 500062339	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		4,413.38

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71701265	LGNGII CR Oxi Fem w/ All Poly Tib	1	EA	4,400.00	4,400.00
000020	71421228	LEGION CR OXIN FEM SZ8 RT	1	EA	0.00	0.00
		Batch: 12EM15620				
000030	71420340	GII CR ALL POLY TB SZ7 13MM RT	1	EA	0.00	0.00
		Batch: 16LM18013				
000040	71926226	GEN II RESURF PATELLA 41MM	1	EA	0.00	0.00
		Batch: 19DM05710				
000050	71210002	GEN TROCAR PIN 1/8 X 3	1	EA	0.00	0.00
		Batch: UNKNOWN				
000060	71210002	GEN TROCAR PIN 1/8 X 3	4	EA	0.00	0.00
		Batch: UNKNOWN				
				Items total		4,400.00
				Handling fee		0.00
Tax Jur Code Level 1	Code B1	Rate 6.00 %	Tax Basis	140.80	Tax Amount	8.46
Tax Jur Code Level 2	Code B1	Rate 1.25 %	Tax Basis	140.80	Tax Amount	1.76
Tax Jur Code Level 4	Code B1	Rate 2.25 %	Tax Basis	140.80	Tax Amount	3.16
					Total Taxes	13.38

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923792956	<b>Invoice Date</b> 12/19/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203463191	<b>Customer Number</b> 185480	<b>PO Number</b> V201406486
<b>Order Date</b> 12/10/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 500062339		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,413.38

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-238-7538 F 1-800-621-6924	<b>Total Amount Due</b> 4,413.38
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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923792957	<b>Invoice Date</b> 12/19/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203477255	<b>Customer Number</b> 185480	<b>PO Number</b> V201406898
<b>Order Date</b> 12/11/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32017497		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,854.74

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71701265	LGNGII CR Oxi Fem w/ All Poly Tib	1	EA	4,400.00	4,400.00
000020	71421245	LEGION NARROW CR OXIN SZ 5N LT Batch: 19KM13362	1	EA	0.00	0.00
000030	71420252	GII CR POLY TB SZ4 13MM LT Batch: 19BM16669	1	EA	0.00	0.00
000040	71420576	GNS II RESURF PAT 32MM Batch: 19HM13384	1	EA	0.00	0.00
000050	71210002	GEN TROCER PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000080	71210002	GEN TROCER PIN 1/8 X 3 Batch: UNKNOWN	4	EA	0.00	0.00
000060	71332520	REF SPHER HEAD SCREW 20MM Batch: 19GM09670A	2	EA	110.55	221.10
000070	71332520	REF SPHER HEAD SCREW 20MM Batch: 19GB00696	2	EA	110.55	221.10
<b>Items total</b>						4,842.20
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	132.00	<b>Tax Amount</b>	7.90
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	132.00	<b>Tax Amount</b>	1.66
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	132.00	<b>Tax Amount</b>	2.98
<b>Total Taxes</b>						12.54

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1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923792957	<b>Invoice Date</b> 12/19/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203477255	<b>Customer Number</b> 185480	<b>PO Number</b> V201406898
<b>Order Date</b> 12/11/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32017497		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,854.74

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at [www.sntandc.com](http://www.sntandc.com)) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

4,854.74

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Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

**Delivery Address**

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

# INVOICE

<b>Invoice Number</b> 923792958	<b>Invoice Date</b> 12/19/2019	<b>Page</b> 1 of 1
<b>Order Number</b> 203478039	<b>Customer Number</b> 185480	<b>PO Number</b> V201407328
<b>Order Date</b> 12/11/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32024478	<b>Currency</b> USD	
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		2,681.25

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	75018956	POLARCUP XLPE Insert 49/28 non-cem  Batch: B1817410	1	EA	981.75	981.75
000020	71342803	OXINIUM FEM HD 12/14 28MM -3  Batch: 15MM00633	1	EA	1,699.50	1,699.50
			Items total			2,681.25
			Handling fee			0.00
			Total Taxes			0.00

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**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-238-7538 F 1-800-621-6924	<b>Total Amount Due</b>  2,681.25
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S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.



**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923794726	Invoice Date 12/20/2019	Page 1 of 2
Order Number 203394464	Customer Number 185480	PO Number V201406319
Order Date 12/03/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 32162409		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		12,103.64

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71421175	LGN OX CONSTRAINED FEM 5 RT Batch: 19GM11870	1	EA	5,016.00	5,016.00
000020	71424208	LGN CEMENT STEM16MMX160MM STRT Batch: 18HSM0254	1	EA	1,056.00	1,056.00
000030	71424014	LGN REV TIBIA BASE SZ 4 RT Batch: 16DM07430	1	EA	2,194.50	2,194.50
000040	71424182	LGN CEMENT STEM10MMX120MM STRT Batch: 18ESM0193	1	EA	1,056.00	1,056.00
000050	71421666	LGN SCRW DIS FEM WDG SZ5 15MM Batch: 14LSM0307A	1	EA	940.50	940.50
000060	71332520	REF SPHER HEAD SCREW 20MM Batch: 19FB01131	2	EA	110.55	221.10
000070	71420523	LEGION CON ART INS 9MM SZ 3-4 Batch: 18KM14072	1	EA	1,595.00	1,595.00
000080	71210002	GEN TROCER PIN 1/8 X 3 Batch: UNKNOWN	1	EA	22.41	22.41
<b>Items total</b>						12,101.51
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	22.41	<b>Tax Amount</b>	1.35
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	22.41	<b>Tax Amount</b>	0.28
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	22.41	<b>Tax Amount</b>	0.50
<b>Total Taxes</b>						2.13
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1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923794726	Invoice Date 12/20/2019	Page 2 of 2
Order Number 203394464	Customer Number 185480	PO Number V201406319
Order Date 12/03/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 32162409	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		12,103.64

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at [www.sntandc.com](http://www.sntandc.com)) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

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### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

12,103.64

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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923797245	<b>Invoice Date</b> 12/20/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203504202	<b>Customer Number</b> 185480	<b>PO Number</b> V201406908
<b>Order Date</b> 12/13/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32057145		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,707.83

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
		Capital Upcharge			0.00	0.00
000010	72203730	UC ROTATOR CUFF INSTRUMENT TRAY	1	EA	500.00	500.00
000020	72203897	ULTRATAPE 2MM COBRD BLUE 38 PKG OF 6	1	EA	129.76	129.76
		Batch: 2033407				
000030	72202901	FOOTPRINT ULTRA PK SUTURE ANCHOR, 4.5	1	EA	432.60	432.60
		Batch: 2023225				
000040	72200906	CANNULA, CLEARTRAC SMOOTH, 7.0 X 72MM	2	EA	33.74	67.48
		Batch: 906190524				
000050	22-4038	DISP FIRSTPASS STR PASSR SELF	1	EA	450.00	450.00
		Batch: 2033716				
<b>Items total</b>						1,579.84
<b>Delivery charge</b>						19.00
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	30.00
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	647.24	<b>Tax Amount</b>	38.83
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	6.25
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	647.24	<b>Tax Amount</b>	8.09
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	11.25
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	647.24	<b>Tax Amount</b>	14.57
<b>Total Taxes</b>						108.99

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**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923797245	<b>Invoice Date</b> 12/20/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203504202	<b>Customer Number</b> 185480	<b>PO Number</b> V201406908
<b>Order Date</b> 12/13/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32057145		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,707.83

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at [www.sntandc.com](http://www.sntandc.com)) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

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<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 1,707.83
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150 Minuteman Road  
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T 1-800-343-5717  
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Invoice Address			
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387	

Delivery Address			
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057	

INVOICE		
<b>Invoice Number</b> 923797246	<b>Invoice Date</b> 12/20/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203555483	<b>Customer Number</b> 185480	<b>PO Number</b> V201407448
<b>Order Date</b> 12/18/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32129104		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,335.37

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	72202468	Capital Upcharge			0.00	0.00
		FAST-FIX 360 CURVED NDL DELIVERY SYS	2	EA	488.84	977.68
		Batch: 50682875				
000020	7209485	SET,MENISCUS MENDER II DISPOSABLE	1	EA	158.98	158.98
		Batch: 50668453				
000030	72202674	FAST-FIX 360 KPSC AND SLOTTED CANNULA	1	EA	150.33	150.33
		Batch: 50699607				
<b>Items total</b>						1,286.99
<b>Delivery charge</b>						19.00
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	309.31	<b>Tax Amount</b>	18.55
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	309.31	<b>Tax Amount</b>	3.87
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	309.31	<b>Tax Amount</b>	6.96
<b>Total Taxes</b>						29.38

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**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923797246	<b>Invoice Date</b> 12/20/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203555483	<b>Customer Number</b> 185480	<b>PO Number</b> V201407448
<b>Order Date</b> 12/18/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32129104		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,335.37

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 1,335.37
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150 Minuteman Road  
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www.smith-nephew.com

Customer Service  
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## INVOICE

Invoice Number 923802861	Invoice Date 12/23/2019	Page 1 of 2
Order Number 203591939	Customer Number 185480	PO Number V201407522
Order Date 12/23/2019	Ship Via FedEx 2 Day	Terms Of Delivery Bill customers account
Delivery Number 32185574		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		2,825.76

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	72200195	SHOULDER SUSPENSION KIT,LATEX FREE Batch: 062019	5	BX	513.72	2,568.60
<b>Items total</b>						2,568.60
<b>Handling fee</b>						12.00
Tax Jur Code Level 1	<b>Code</b> BP	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.72
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	2,568.60	<b>Tax Amount</b>	154.12
Tax Jur Code Level 2	<b>Code</b> BP	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.15
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	2,568.60	<b>Tax Amount</b>	32.11
Tax Jur Code Level 4	<b>Code</b> BP	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.27
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	2,568.60	<b>Tax Amount</b>	57.79
<b>Total Taxes</b>						245.16

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**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923802861	<b>Invoice Date</b> 12/23/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203591939	<b>Customer Number</b> 185480	<b>PO Number</b> V201407522
<b>Order Date</b> 12/23/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32185574		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		2,825.76

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:  
T 1-800-343-5717  
F 1-800-554-6105

**Total Amount Due** 2,825.76

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

INVOICE		
<b>Invoice Number</b> 923808206	<b>Invoice Date</b> 12/24/2019	<b>Page</b> 1 of 1
<b>Order Number</b> 203591939	<b>Customer Number</b> 185480	<b>PO Number</b> V201407522
<b>Order Date</b> 12/23/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Smith&Nephew pays freight
<b>Delivery Number</b> 32185981	<b>Currency</b> USD	
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		2,518.50

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	72290038	WEREWOLF FLOW 90 COBLATION WAND Batch: 2038057	10	EA	230.00	2,300.00
<b>Items total</b>						<b>2,300.00</b>
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	2,300.00	<b>Tax Amount</b>	138.00
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	2,300.00	<b>Tax Amount</b>	28.75
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	2,300.00	<b>Tax Amount</b>	51.75
<b>Total Taxes</b>						<b>218.50</b>
<p>Many of Smith &amp; Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith &amp; Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith &amp; Nephew's commercial terms at <a href="http://www.sntandc.com">www.sntandc.com</a>. Smith &amp; Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith &amp; Nephew's list prices for the named products. Consistent with Smith &amp; Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith &amp; Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith &amp; Nephew. The products listed on this invoice may be subject to Smith &amp; Nephew's warranties, as further detailed in Smith &amp; Nephew's Terms and Conditions (available at <a href="http://www.sntandc.com">www.sntandc.com</a>) or in your agreement with Smith &amp; Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith &amp; Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.</p>						
<b>For a complete list of Terms and Conditions, please refer to our website <a href="http://www.sntandc.com">www.sntandc.com</a></b>						
<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651		For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105		<b>Total Amount Due</b>		2,518.50
<p><b>S&amp;N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&amp;N Collections or Customer Services contact to verify the request.</b></p>						





Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

Invoice Number 923808720	Invoice Date 12/24/2019	Page 1 of 2
Order Number 203591939	Customer Number 185480	PO Number V201407522
Order Date 12/23/2019	Ship Via FX Std O'Nite 3:30	Terms Of Delivery Prepay & invoice customer
Delivery Number 32185575	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		9,866.75

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	72200731	DYONICS 5.5MM ELITE ACROMIOBLASTER BURR Batch: 50770158	1	BX	504.00	504.00
000020	72200731	DYONICS 5.5MM ELITE ACROMIOBLASTER BURR Batch: 50828140	1	BX	504.00	504.00
000030	72290037	WEREWOLF FLOW 50 COBLATION WAND Batch: 2042073	10	EA	240.00	2,400.00
000040	72200730	DYONICS 4.0MM ELITE ACROMIOBLASTER BURR Batch: 50828139	4	BX	504.00	2,016.00
000050	72203013	4.5MM INCISOR PLUS PLATINUM BLADE Batch: 50827974	2	BX	672.72	1,345.44
000060	72202530	FULL RADIUS BONECUTTER, 5.5MM, PLATINUM Batch: 50827969	2	BX	603.48	1,206.96
000070	72203523	4.5MM SYNOVATOR PLATINUM SERIES Batch: 50827977	2	BX	369.90	739.80
<b>Items total</b>						8,716.20
<b>Freight and handling</b>						294.53

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**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923808720	<b>Invoice Date</b> 12/24/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203591939	<b>Customer Number</b> 185480	<b>PO Number</b> V201407522
<b>Order Date</b> 12/23/2019	<b>Ship Via</b> FX Std O'Nite 3:30	<b>Terms Of Delivery</b> Prepay & invoice customer
<b>Delivery Number</b> 32185575		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		9,866.75

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Tax Jur Code Level 1	<b>Code</b> BP	<b>Rate</b> 6.00 %	<b>Tax Basis</b> 294.53	<b>Tax Amount</b> 17.67
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b> 8,716.20	<b>Tax Amount</b> 522.96
Tax Jur Code Level 2	<b>Code</b> BP	<b>Rate</b> 1.25 %	<b>Tax Basis</b> 294.53	<b>Tax Amount</b> 3.68
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b> 8,716.20	<b>Tax Amount</b> 108.96
Tax Jur Code Level 4	<b>Code</b> BP	<b>Rate</b> 2.25 %	<b>Tax Basis</b> 294.53	<b>Tax Amount</b> 6.63
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b> 8,716.20	<b>Tax Amount</b> 196.12
<b>Total Taxes</b>				856.02

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:  
T 1-800-343-5717  
F 1-800-554-6105

**Total Amount Due** 9,866.75

S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.

**Smith+Nephew**

**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

**INVOICE**

<b>Invoice Number</b> 923808721	<b>Invoice Date</b> 12/24/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203595217	<b>Customer Number</b> 185480	<b>PO Number</b> V201407680A
<b>Order Date</b> 12/23/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32194898		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		2,450.62

**Invoice Address**

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

**Delivery Address**

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	RR 450	4.5CM ANTERIOR Your article number : 48190 Batch: 2037659	3	BX	371.00	1,113.00
000020	RR 550	5.5CM ANTERIOR Your article number : 335522 Batch: 2038417	1	BX	371.00	371.00
000030	RR 550	5.5CM ANTERIOR Your article number : 335522 Batch: 2041590 Your article number : 335522	2	BX	371.00	742.00
<b>Items total</b>						2,226.00
<b>Handling fee</b>						12.00
Tax Jur Code Level 1	<b>Code</b> BF	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	2,226.00	<b>Tax Amount</b>	133.56
Tax Jur Code Level 1	<b>Code</b> BP	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.72
Tax Jur Code Level 2	<b>Code</b> BF	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	2,226.00	<b>Tax Amount</b>	27.83
Tax Jur Code Level 2	<b>Code</b> BP	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.15
Tax Jur Code Level 4	<b>Code</b> BF	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	2,226.00	<b>Tax Amount</b>	50.09
Tax Jur Code Level 4	<b>Code</b> BP	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	12.00	<b>Tax Amount</b>	0.27
<b>Total Taxes</b>						212.62

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**S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.**



Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923808721	<b>Invoice Date</b> 12/24/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203595217	<b>Customer Number</b> 185480	<b>PO Number</b> V201407680A
<b>Order Date</b> 12/23/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32194898		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		2,450.62

federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 2,450.62
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Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

INVOICE		
Invoice Number 923813660	Invoice Date 12/26/2019	Page 1 of 1
Order Number 202394297	Customer Number 185480	PO Number V201406249
Order Date 12/03/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 32204982	Currency USD	
Payment Terms Net 30 Days		
Total Amount Due		7,000.00

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

[illegible]

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
Invoice Number 923816371	Invoice Date 12/27/2019	Page 1 of 1
Order Number 203462569	Customer Number 185480	PO Number V201406358
Order Date 12/10/2019	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 500061723		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		138.05

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
		Capital Upcharge			0.00	0.00
000010	72205106	3.5MM INCISOR PLUS PLAT BLD	1	EA	108.72	108.72
		Batch: 50806333				
				<b>Items total</b>		108.72
				<b>Delivery charge</b>		19.00
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %		<b>Tax Basis</b> 127.72	<b>Tax Amount</b>	6.52
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %		<b>Tax Basis</b> 127.72	<b>Tax Amount</b>	1.36
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %		<b>Tax Basis</b> 127.72	<b>Tax Amount</b>	2.45
					<b>Total Taxes</b>	10.33
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<p><b>For a complete list of Terms and Conditions, please refer to our website <a href="http://www.sntandc.com">www.sntandc.com</a></b></p>						
<p><b>Send Payment To:</b> Smith &amp; Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651</p>		<p>For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105</p>			<p><b>Total Amount Due</b></p>	<p>138.05</p>

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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923816372	<b>Invoice Date</b> 12/27/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203505905	<b>Customer Number</b> 185480	<b>PO Number</b> V201407672
<b>Order Date</b> 12/13/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32059180		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,051.14

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
		Capital Upcharge			0.00	0.00
000010	72203751	UC ACUFEX DIRECTOR ELITE DRILL GUIDE SYS	1	EA	500.00	500.00
000020	72203747	UC GRAFTMASTER III SET	1	EA	275.00	275.00
000030	72203766	UC RF GENERATOR	1	EA	350.00	350.00
000040	7208678	PIN,PASSING,DRILL TIP 2.4x381MM,STRL	1	EA	127.62	127.62
		Batch: 2031213				
000050	72202799	ENDOBUTTON CL ULTRA PAC, 1.2	1	EA	366.63	366.63
		Batch: 2021518				
000060	72204399	SCREW BIOSURE REGENESORB 8MM X 25MM	1	EA	629.53	629.53
		Batch: 50722250				
000070	72204405	SCREW BIOSURE REGENESORB 9MM X 30MM	1	EA	629.53	629.53
		Batch: 50784887				
<b>Items total</b>						2,878.31
<b>Delivery charge</b>						19.00
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	1,144.00	<b>Tax Amount</b>	67.49
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	494.25	<b>Tax Amount</b>	29.65
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	1,144.00	<b>Tax Amount</b>	14.07
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	494.25	<b>Tax Amount</b>	6.18
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	1,144.00	<b>Tax Amount</b>	25.32
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	494.25	<b>Tax Amount</b>	11.12
<b>Total Taxes</b>						153.83

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other

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**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923816372	<b>Invoice Date</b> 12/27/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203505905	<b>Customer Number</b> 185480	<b>PO Number</b> V201407672
<b>Order Date</b> 12/13/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32059180		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,051.14

government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at [www.sntandc.com](http://www.sntandc.com)) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 3,051.14
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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
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F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923816373	<b>Invoice Date</b> 12/27/2019	<b>Page</b> 1 of 2
<b>Order Number</b> 203549159	<b>Customer Number</b> 185480	<b>PO Number</b> V201407579
<b>Order Date</b> 12/18/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32120465		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,857.08

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	72203730	Capital Upcharge			0.00	0.00
		UC ROTATOR CUFF INSTRUMENT TRAY	1	EA	500.00	500.00
000020	72290125	QFIX 1.8 MINI SUTURE ANCHOR DISP KIT	1	EA	585.00	585.00
		Batch: 2026138				
000030	72290123	QFIX 1.8 MINI SUTURE ANCHOR	1	EA	650.00	650.00
		Batch: 2040232				
<b>Items total</b>						1,735.00
<b>Delivery charge</b>						19.00
Tax Jur Code Level 1	<b>Code</b> BC	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	585.00	<b>Tax Amount</b>	35.11
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	30.00
Tax Jur Code Level 2	<b>Code</b> BC	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	585.00	<b>Tax Amount</b>	7.31
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	6.25
Tax Jur Code Level 4	<b>Code</b> BC	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	585.00	<b>Tax Amount</b>	13.16
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	11.25
<b>Total Taxes</b>						103.08

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs

S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.



Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923816373	<b>Invoice Date</b> 12/27/2019	<b>Page</b> 2 of 2
<b>Order Number</b> 203549159	<b>Customer Number</b> 185480	<b>PO Number</b> V201407579
<b>Order Date</b> 12/18/2019	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32120465		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,857.08

actually paid by you for discounted products.

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 1,857.08
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**Smith & Nephew, Inc.**  
5600 Clearfork Main Street  
Suite 600  
Fort Worth, TX 76109  
www.smith-nephew.com

Customer Service  
T 1-800-876-1261  
F 1-727-392-6914

## INVOICE

<b>Invoice Number</b> 923829193	<b>Invoice Date</b> 12/31/2019	<b>Page</b> 1 of 1
<b>Order Number</b> 203628888	<b>Customer Number</b> 185480	<b>PO Number</b> V201408170
<b>Order Date</b> 12/31/2019	<b>Ship Via</b> FedEx 2 Day	<b>Terms Of Delivery</b> Smith&Nephew pays freight
<b>Delivery Number</b> 32241083		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,170.03

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	66800042	VERSAJET EXACT ASSY, 45 DEGREE X 8MM  Your article number : 411149 Batch: 50834875	1	CAS	2,895.00	2,895.00
<b>Items total</b>						2,895.00
Tax Jur Code Level 1	<b>Code</b> BH	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	173.70
Tax Jur Code Level 2	<b>Code</b> BH	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	36.19
Tax Jur Code Level 4	<b>Code</b> BH	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	2,895.00	<b>Tax Amount</b>	65.14
<b>Total Taxes</b>						275.03
<p>Many of Smith &amp; Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith &amp; Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith &amp; Nephew's commercial terms at www.sntandc.com. Smith &amp; Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith &amp; Nephew's list prices for the named products. Consistent with Smith &amp; Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith &amp; Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith &amp; Nephew. The products listed on this invoice may be subject to Smith &amp; Nephew's warranties, as further detailed in Smith &amp; Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith &amp; Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith &amp; Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.</p>						
<b>For a complete list of Terms and Conditions, please refer to our website www.sntandc.com</b>						
<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651		For questions about your invoice call Customer Support Center: T 1-800-876-1261 F 1-727-392-6914			<b>Total Amount Due</b>	3,170.03

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923856486	<b>Invoice Date</b> 01/13/2020	<b>Page</b> 1 of 2
<b>Order Number</b> 203686009	<b>Customer Number</b> 185480	<b>PO Number</b> V201408962
<b>Order Date</b> 01/08/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32319495		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		10,009.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71704560	LGN GII CR Oxi NP Tib Std Insert	1	EA	4,400.00	4,400.00
000020	71421238	LEGION CR OXIN FEM SZ8 LT Batch: 11EM01763B	1	EA	0.00	0.00
000030	71420174	GNS II CMT TIB SIZE 8 1/2 LT Batch: 13GM04991A	1	EA	0.00	0.00
000040	71421548	GII CR DEEP FLEX ISRT S7-8 11M Batch: 18LM03599	1	EA	0.00	0.00
000050	71926226	GEN II RESURF PATELLA 41MM Batch: 19LM10235	1	EA	0.00	0.00
000060	71210002	GEN TROCER PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
000070	71420632	GII LNG STEM 14MM X 100MM Batch: 17BM10386	1	EA	882.75	882.75
000080	71935386	LEGION TIB CONE ID 18 SHORT Batch: 18DTX0027B	1	EA	4,725.00	4,725.00
<b>Items total</b>						10,007.75
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	13.20	<b>Tax Amount</b>	0.78
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	13.20	<b>Tax Amount</b>	0.17
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	13.20	<b>Tax Amount</b>	0.30
<b>Total Taxes</b>						1.25

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923856486	<b>Invoice Date</b> 01/13/2020	<b>Page</b> 2 of 2
<b>Order Number</b> 203686009	<b>Customer Number</b> 185480	<b>PO Number</b> V201408962
<b>Order Date</b> 01/08/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32319495		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		10,009.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at [www.sntandc.com](http://www.sntandc.com)) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

10,009.00

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923856487	<b>Invoice Date</b> 01/13/2020	<b>Page</b> 1 of 2
<b>Order Number</b> 203714069	<b>Customer Number</b> 185480	<b>PO Number</b> V201409199
<b>Order Date</b> 01/10/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32357431		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,401.67

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71701265	LGNGII CR Oxi Fem w/ All Poly Tib	1	EA	4,400.00	4,400.00
000020	71421256	LEGION NARROW CR OXIN SZ 6N RT Batch: 19HM18469G	1	EA	0.00	0.00
000030	71420324	GII CR POLY TB SZ5 13MM RT Batch: 18HM18621	1	EA	0.00	0.00
000040	71420576	GNS II RESURF PAT 32MM Batch: 19LM00890	1	EA	0.00	0.00
000050	71210002	GEN TROCAR PIN 1/8 X 3 Batch: UNKNOWN	1	EA	0.00	0.00
<b>Items total</b>						4,400.00
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	17.60	<b>Tax Amount</b>	1.05
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	17.60	<b>Tax Amount</b>	0.22
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	17.60	<b>Tax Amount</b>	0.40
<b>Total Taxes</b>						1.67

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923856487	<b>Invoice Date</b> 01/13/2020	<b>Page</b> 2 of 2
<b>Order Number</b> 203714069	<b>Customer Number</b> 185480	<b>PO Number</b> V201409199
<b>Order Date</b> 01/10/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32357431		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,401.67

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

4,401.67

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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923875516	<b>Invoice Date</b> 01/20/2020	<b>Page</b> 1 of 2
<b>Order Number</b> 203684028	<b>Customer Number</b> 185480	<b>PO Number</b> V201409023
<b>Order Date</b> 01/08/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32317091		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,489.27

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
		Capital Upcharge			0.00	0.00
000010	72203730	UC ROTATOR CUFF INSTRUMENT TRAY	1	EA	500.00	500.00
000020	72203707	HEALICOIL RG SA 5.5MM W/3 UB-BL CB BL BK	1	EA	400.16	400.16
		Batch: 2031157				
000030	22-4038	DISP FIRSTPASS STR PASSR SELF	1	EA	450.00	450.00
		Batch: 2041266				
000040	7204895	CANN 5.5 WO/HOLES LTX FREE ORANGE	1	EA	27.27	27.27
		Batch: 2039542				
<b>Items total</b>						1,377.43
<b>Delivery charge</b>						19.00
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	30.00
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	477.27	<b>Tax Amount</b>	28.63
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	6.25
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	477.27	<b>Tax Amount</b>	5.97
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	11.25
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	477.27	<b>Tax Amount</b>	10.74
<b>Total Taxes</b>						92.84

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**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923875516	<b>Invoice Date</b> 01/20/2020	<b>Page</b> 2 of 2
<b>Order Number</b> 203684028	<b>Customer Number</b> 185480	<b>PO Number</b> V201409023
<b>Order Date</b> 01/08/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32317091		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,489.27

federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 1,489.27
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S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.



Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923875517	<b>Invoice Date</b> 01/20/2020	<b>Page</b> 1 of 2
<b>Order Number</b> 203685210	<b>Customer Number</b> 185480	<b>PO Number</b> V201408956
<b>Order Date</b> 01/08/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32318390		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,912.76

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
		Capital Upcharge			0.00	0.00
000010	72203730	UC ROTATOR CUFF INSTRUMENT TRAY	1	EA	500.00	500.00
000020	22-4038	DISP FIRSTPASS STR PASSR SELF	1	EA	450.00	450.00
		Batch: 2041266				
000030	7210915	ULTRABRAID #2 COBRAID 38 LENGTH SINGL	1	EA	21.31	21.31
		Batch: 74L1802426				
000040	72203707	HEALICOIL RG SA 5.5MM W/3 UB-BL CB BL BK	1	EA	400.16	400.16
		Batch: 2039454				
000050	7204895	CANN 5.5 WO/HOLES LTX FREE ORANGE	1	EA	27.27	27.27
		Batch: 2039542				
000060	72203707	HEALICOIL RG SA 5.5MM W/3 UB-BL CB BL BK	1	EA	400.16	400.16
		Batch: 2037152				
<b>Items total</b>						1,798.90
<b>Delivery charge</b>						19.00
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	30.00
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	498.58	<b>Tax Amount</b>	29.90
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	6.25
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	498.58	<b>Tax Amount</b>	6.24
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	519.00	<b>Tax Amount</b>	11.25
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	498.58	<b>Tax Amount</b>	11.22
<b>Total Taxes</b>						94.86

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial

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**Smith & Nephew, Inc.**  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

Invoice Address		
KPC HEALTHCARE INC PO BOX 1387 SAN CARLOS	CA	94070-7387

Delivery Address		
St Vincent Medical Center 2131 West 3rd Street LOS ANGELES	CA	90057

INVOICE		
<b>Invoice Number</b> 923875517	<b>Invoice Date</b> 01/20/2020	<b>Page</b> 2 of 2
<b>Order Number</b> 203685210	<b>Customer Number</b> 185480	<b>PO Number</b> V201408956
<b>Order Date</b> 01/08/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32318390		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		1,912.76

terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website www.sntandc.com**

<b>Send Payment To:</b> Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651	For questions about your invoice call Customer Support Center: T 1-800-343-5717 F 1-800-554-6105	<b>Total Amount Due</b> 1,912.76
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Smith & Nephew, Inc.  
150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923875518	<b>Invoice Date</b> 01/20/2020	<b>Page</b> 1 of 2
<b>Order Number</b> 203685765	<b>Customer Number</b> 185480	<b>PO Number</b> V201409972
<b>Order Date</b> 01/08/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32319444		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,453.18

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
		Capital Upcharge			0.00	0.00
000010	72203730	UC ROTATOR CUFF INSTRUMENT TRAY	1	EA	500.00	500.00
000020	7210914	ULTRABRAID #2 WHITE 38 LENGTH, SINGLE	1	EA	21.31	21.31
		Batch: 74E1800336				
000030	22-4038	DISP FIRSTPASS STR PASSR SELF	1	EA	450.00	450.00
		Batch: 2032522				
000040	72290125	QFIX 1.8 MINI SUTURE ANCHOR DISP KIT	1	EA	585.00	585.00
		Batch: 2034974				
000050	72290123	QFIX 1.8 MINI SUTURE ANCHOR	1	EA	650.00	650.00
		Batch: 2042026				
000060	72203707	HEALICOIL RG SA 5.5MM W/3 UB-BL CB BL BK	1	EA	400.16	400.16
		Batch: 2036696				
000070	7204895	CANN 5.5 WO/HOLES LTX FREE ORANGE	1	EA	27.27	27.27
		Batch: 2039542				
000080	72290123	QFIX 1.8 MINI SUTURE ANCHOR	1	EA	650.00	650.00
		Batch: 2040232				
<b>Items total</b>						3,283.74
<b>Delivery charge</b>						19.00

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150 Minuteman Road  
Andover, MA 01810  
www.smith-nephew.com

Customer Service  
T 1-800-343-5717  
F 1-800-554-6105

## INVOICE

<b>Invoice Number</b> 923875518	<b>Invoice Date</b> 01/20/2020	<b>Page</b> 2 of 2
<b>Order Number</b> 203685765	<b>Customer Number</b> 185480	<b>PO Number</b> V201409972
<b>Order Date</b> 01/08/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32319444		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		3,453.18

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Tax Jur Code Level 1	<b>Code</b> BC	<b>Rate</b> 6.00 %	<b>Tax Basis</b> 585.00	<b>Tax Amount</b> 35.11
Tax Jur Code Level 1	<b>Code</b> BM	<b>Rate</b> 6.00 %	<b>Tax Basis</b> 519.00	<b>Tax Amount</b> 30.00
Tax Jur Code Level 1	<b>Code</b> BQ	<b>Rate</b> 6.00 %	<b>Tax Basis</b> 498.58	<b>Tax Amount</b> 29.90
Tax Jur Code Level 2	<b>Code</b> BC	<b>Rate</b> 1.25 %	<b>Tax Basis</b> 585.00	<b>Tax Amount</b> 7.31
Tax Jur Code Level 2	<b>Code</b> BM	<b>Rate</b> 1.25 %	<b>Tax Basis</b> 519.00	<b>Tax Amount</b> 6.25
Tax Jur Code Level 2	<b>Code</b> BQ	<b>Rate</b> 1.25 %	<b>Tax Basis</b> 498.58	<b>Tax Amount</b> 6.24
Tax Jur Code Level 4	<b>Code</b> BC	<b>Rate</b> 2.25 %	<b>Tax Basis</b> 585.00	<b>Tax Amount</b> 13.16
Tax Jur Code Level 4	<b>Code</b> BM	<b>Rate</b> 2.25 %	<b>Tax Basis</b> 519.00	<b>Tax Amount</b> 11.25
Tax Jur Code Level 4	<b>Code</b> BQ	<b>Rate</b> 2.25 %	<b>Tax Basis</b> 498.58	<b>Tax Amount</b> 11.22
<b>Total Taxes</b>				150.44

For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-343-5717  
F 1-800-554-6105

**Total Amount Due**

3,453.18

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923892894	Invoice Date 01/24/2020	Page 1 of 2
Order Number 203647309	Customer Number 185480	PO Number V201408828
Order Date 01/03/2020	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 32266177		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		5,678.50

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000040	71309011	SYN POR PLUS HA SO STEM SZ 11 Batch: 18JM07815	1	EA	3,965.50	3,965.50
000030	71322040	TANDEM BIPOLAR COCR 40OD 22ID Batch: 16GM11619	1	EA	918.50	918.50
000020	71302200	COCR 12/14 FEM HEAD 22 + 0 Batch: 19JM00165	1	EA	739.75	739.75
000010	004537	DELIVERY	1	EA	50.00	50.00
<b>Items total</b>						5,673.75
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code BP</b>	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	50.00	<b>Tax Amount</b>	2.99
Tax Jur Code Level 2	<b>Code BP</b>	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	50.00	<b>Tax Amount</b>	0.63
Tax Jur Code Level 4	<b>Code BP</b>	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	50.00	<b>Tax Amount</b>	1.13
<b>Total Taxes</b>						4.75

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923892894	<b>Invoice Date</b> 01/24/2020	<b>Page</b> 2 of 2
<b>Order Number</b> 203647309	<b>Customer Number</b> 185480	<b>PO Number</b> V201408828
<b>Order Date</b> 01/03/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32266177		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		5,678.50

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

5,678.50

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

# INVOICE

Invoice Number	Invoice Date	Page
923892895	01/24/2020	1 of 2
Order Number	Customer Number	PO Number
203714171	185480	V201409190
Order Date	Ship Via	Terms Of Delivery
01/10/2020		Bill customers account
Delivery Number	Currency	
32513262	USD	
Payment Terms		
Net 30 Days		
Total Amount Due		3,000.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

**Delivery Address**

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

[illegible]

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

Invoice Number 923892895	Invoice Date 01/24/2020	Page 2 of 2
Order Number 203714171	Customer Number 185480	PO Number V201409190
Order Date 01/10/2020	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 32513262		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		3,000.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due** 3,000.00

S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

# INVOICE

Invoice Number	Invoice Date	Page
923892896	01/24/2020	1 of 1
Order Number	Customer Number	PO Number
203659089	185480	V201408698
Order Date	Ship Via	Terms Of Delivery
01/06/2020		Bill customers account
Delivery Number	Currency	
32516795	USD	
Payment Terms		
Net 30 Days		
Total Amount Due		7,000.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

**Delivery Address**

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71703300	Hip - Birmingham Hip ResurfHd & AcetCup	1	EA	7,000.00	7,000.00
000020	74122158	ACETABULAR CUP HAP SIZE 52/58  Batch: 19BW18494	1	EA	0.00	0.00
000030	74123152	BHR RESURFACING FEMORAL HEAD 52MM  Batch: 19DW07854	1	EA	0.00	0.00
Items total						7,000.00
Handling fee						0.00
Total Taxes						0.00
<p>Many of Smith &amp; Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith &amp; Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith &amp; Nephew's commercial terms at <a href="http://www.sntandc.com">www.sntandc.com</a>. Smith &amp; Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith &amp; Nephew's list prices for the named products. Consistent with Smith &amp; Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith &amp; Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith &amp; Nephew. The products listed on this invoice may be subject to Smith &amp; Nephew's warranties, as further detailed in Smith &amp; Nephew's Terms and Conditions (available at <a href="http://www.sntandc.com">www.sntandc.com</a>) or in your agreement with Smith &amp; Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith &amp; Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.</p>						
For a complete list of Terms and Conditions, please refer to our website <a href="http://www.sntandc.com">www.sntandc.com</a>						
Send Payment To:		For questions about your invoice call Customer Support Center:		Total Amount Due		7,000.00
Smith & Nephew, Inc.		T 1-800-238-7538				
PO Box 205651		F 1-800-621-6924				
Dallas, TX 75320-5651						

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**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923920971	<b>Invoice Date</b> 01/31/2020	<b>Page</b> 1 of 2
<b>Order Number</b> 203714062	<b>Customer Number</b> 185480	<b>PO Number</b> V201409248
<b>Order Date</b> 01/10/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32511227		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,856.25

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71704570	LGN GII PS Oxi NP Tib Std Insert	1	EA	4,400.00	4,400.00
000020	71421274	LEGION NARROW PS OXIN SZ 4N RT	1	EA	0.00	0.00
		Batch: 17FM14014				
000030	71420182	GNS II CMT TIB SIZE 3 1/2 RIGHT	1	EA	0.00	0.00
		Batch: 15HM02001				
000040	71420524	GNSII CON INS SZ3-4 11MM	1	EA	0.00	0.00
		Batch: 19DM07509				
000050	71932635	GEN II 7.5MM RESUR PAT 29MM	1	EA	0.00	0.00
		Batch: 19EM10056				
000060	71210002	GEN TROCER PIN 1/8 X 3	1	EA	0.00	0.00
		Batch: UNKNOWN				
000070	71271440	VERSABOND AB 40 GRAMS F2	2	EA	227.50	455.00
		Batch: 18AC07490				
<b>Items total</b>						4,855.00
<b>Handling fee</b>						0.00
Tax Jur Code Level 1	<b>Code</b> B1	<b>Rate</b> 6.00 %	<b>Tax Basis</b>	13.20	<b>Tax Amount</b>	0.78
Tax Jur Code Level 2	<b>Code</b> B1	<b>Rate</b> 1.25 %	<b>Tax Basis</b>	13.20	<b>Tax Amount</b>	0.17
Tax Jur Code Level 4	<b>Code</b> B1	<b>Rate</b> 2.25 %	<b>Tax Basis</b>	13.20	<b>Tax Amount</b>	0.30
<b>Total Taxes</b>						1.25

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and

**S&N will never ask you to change bank account details at short notice. If you are requested to change account details, please call your S&N Collections or Customer Services contact to verify the request.**



**Smith & Nephew, Inc.**  
1450 Brooks Road  
Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
T 1-800-238-7538  
F 1-800-621-6924

## INVOICE

<b>Invoice Number</b> 923920971	<b>Invoice Date</b> 01/31/2020	<b>Page</b> 2 of 2
<b>Order Number</b> 203714062	<b>Customer Number</b> 185480	<b>PO Number</b> V201409248
<b>Order Date</b> 01/10/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32511227		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		4,856.25

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

4,856.25

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Memphis, TN 38116  
www.smith-nephew.com

Customer Service  
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## INVOICE

<b>Invoice Number</b> 923920972	<b>Invoice Date</b> 01/31/2020	<b>Page</b> 1 of 2
<b>Order Number</b> 203662950	<b>Customer Number</b> 185480	<b>PO Number</b> V201408773
<b>Order Date</b> 01/06/2020	<b>Ship Via</b>	<b>Terms Of Delivery</b> Bill customers account
<b>Delivery Number</b> 32652353		<b>Currency</b> USD
<b>Payment Terms</b> Net 30 Days		
<b>Total Amount Due</b>		9,200.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

Line	Item Code	Product Description	Quantity	UOM	Package Price	Total
000010	71703300	Hip - Birmingham Hip ResurfHd & AcetCup	1	EA	7,000.00	7,000.00
000020	74120156	ACETLR CUP HAP 56MM W/ IMPTR Batch: 19JW13632	1	EA	0.00	0.00
000030	74121150	RESURFACING FEMORAL HEAD 50MM Batch: 19JW14707	1	EA	0.00	0.00
000040	74122154	ACETABULAR CUP HAP SIZE 48/54 Batch: 19JW00278	1	EA	2,200.00	2,200.00
<b>Items total</b>						9,200.00
<b>Handling fee</b>						0.00
<b>Total Taxes</b>						0.00

Many of Smith & Nephew's products are not listed on a government purchasing agreement such as a Federal Supply Schedule or Distribution and Pricing Agreement. Unless Smith & Nephew otherwise agrees in writing, products not listed on a government purchasing agreement are offered for sale under Smith & Nephew's commercial terms at www.sntandc.com. Smith & Nephew does not make any representations or certifications that any product not listed on a Federal Supply Schedule or other government purchasing agreement is a "domestic end product" under the Buy American Act or a "designated country end product" or "U.S.-made end product" under the Trade Agreements Act. The prices reflected on this invoice incorporate applicable discounts to Smith & Nephew's list prices for the named products. Consistent with Smith & Nephew's understanding of requirements applicable to purchases of discounted products under 42 U.S.C. § 1320a-7b(b)(3)(A) and/or 42 C.F.R. § 1001.952(h), listing of these invoice prices constitutes Smith & Nephew's notice to you of the amount and value of all discounts given on these products. Prices may be subject to further discounts and rebates (if any) per your agreement with Smith & Nephew. The products listed on this invoice may be subject to Smith & Nephew's warranties, as further detailed in Smith & Nephew's Terms and Conditions (available at www.sntandc.com) or in your agreement with Smith & Nephew, as applicable. You must fully and accurately report any reduced price received as a discount, rebate, or warranty in applicable cost reports and agree to provide certain related information to state and federal agencies upon request as required by law or regulation. Any invoice prices less than Smith & Nephew's list prices are "discounts" within the meaning of any safe harbors or other applicable protections regarding discounted product pricing (including but not limited to the statute and regulation cited above), whether or not this invoice includes language indicating that a price is "discounted." As such, by remitting payment for this purchase, you agree to satisfy all disclosure requirements imposed on purchasers under applicable laws or regulations, including the requirement to accurately report, or make available upon request by an appropriate authority, the net costs actually paid by you for discounted products.

**For a complete list of Terms and Conditions, please refer to our website [www.sntandc.com](http://www.sntandc.com)**

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Memphis, TN 38116  
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Customer Service  
T 1-800-238-7538  
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## INVOICE

Invoice Number 923920972	Invoice Date 01/31/2020	Page 2 of 2
Order Number 203662950	Customer Number 185480	PO Number V201408773
Order Date 01/06/2020	Ship Via	Terms Of Delivery Bill customers account
Delivery Number 32652353		Currency USD
Payment Terms Net 30 Days		
Total Amount Due		9,200.00

### Invoice Address

KPC HEALTHCARE INC  
PO BOX 1387  
SAN CARLOS CA 94070-7387

### Delivery Address

St Vincent Medical Center  
2131 West 3rd Street  
LOS ANGELES CA 90057

### Send Payment To:

Smith & Nephew, Inc.  
PO Box 205651  
Dallas, TX 75320-5651

For questions about your invoice call Customer Support Center:

T 1-800-238-7538  
F 1-800-621-6924

**Total Amount Due**

9,200.00

**EXHIBIT B**

**PROPOSED ORDER**

Hunton Andrews Kurth LLP  
550 South Hope Street, Suite 2000  
Los Angeles, California 90071-2627

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA  
LOS ANGELES DIVISION

In re:

VERITY HEALTH SYSTEM OF  
CALIFORNIA, INC., *et al.*,

Debtors.

- ☒ Affects All Debtors  
☐ Affects Verity Health System of California, Inc.  
☐ Affects O'Connor Hospital  
☐ Affects Saint Louise Regional Hospital  
☐ Affects St. Francis Medical Center  
☐ Affects St. Vincent Medical Center  
☐ Affects Seton Medical Center  
☐ Affects O'Connor Hospital Foundation  
☐ Affects Saint Louise Regional Hospital Foundation  
☐ Affects St. Francis Medical Center of Lynwood Foundation  
☐ Affects St. Vincent Foundation  
☐ Affects St. Vincent Dialysis Center, Inc.  
☐ Affects Seton Medical Center Foundation  
☐ Affects Verity Business Services  
☐ Affects Verity Medical Foundation  
☐ Affects Verity Holdings, LLC  
☐ Affects De Paul Ventures, LLC  
☐ Affects De Paul Ventures - San Jose Dialysis, LLC

Debtors and Debtors In Possession

Lead Case No. 2:18-bk-20151-ER

Jointly Administered With:  
Case No. 2:18-bk-20162-ER  
Case No. 2:18-bk-20163-ER  
Case No. 2:18-bk-20164-ER  
Case No. 2:18-bk-20165-ER  
Case No. 2:18-bk-20167-ER  
Case No. 2:18-bk-20168-ER  
Case No. 2:18-bk-20169-ER  
Case No. 2:18-bk-20171-ER  
Case No. 2:18-bk-20172-ER  
Case No. 2:18-bk-20173-ER  
Case No. 2:18-bk-20175-ER  
Case No. 2:18-bk-20176-ER  
Case No. 2:18-bk-20178-ER  
Case No. 2:18-bk-20179-ER  
Case No. 2:18-bk-20180-ER  
Case No. 2:18-bk-20181-ER

Hon. Judge Ernest M. Robles

**ORDER ALLOWING AND DIRECTING  
PAYMENT OF SMITH & NEPHEW INC.'S  
POST-PETITION ADMINISTRATIVE  
EXPENSE CLAIM**

Upon the *Motion of Smith & Nephew, Inc. for Allowance and Payment of Post-Petition Administrative Expense Claim* (the "Motion")<sup>1</sup> filed by Smith & Nephew, Inc. ("Smith & Nephew"), seeking entry of an order, pursuant to sections 503(b), 503(b)(1)(A), and 507(a)(2) of the Bankruptcy Code, for allowance and payment of a post-petition administrative expense claim in the amount of \$180,862.08; and the Court having held a hearing (the "Hearing") on approval of the relief requested in the Motion and having considered the arguments of counsel made, and the evidence submitted, proffered or adduced at the Hearing, and the Court having found that (i) it has jurisdiction over the matters raised in the Motion pursuant to 28 U.S.C. §§157(a)-(b) and 1334(b),

<sup>1</sup> Capitalized terms not defined herein shall have the meanings ascribed to them in the Motion.



(ii) the Motion is a core proceeding pursuant to 28 U.S.C. §157(b)(2) that the Court may decide by an order consistent with Article III of the United States Constitution, (iii) venue in this district is proper pursuant to 28 U.S. §§1408 and 1409, (iv) due and sufficient notice of the Motion's request for relief and the Hearing thereon has been given and that no other or further notice is necessary, and (vi) upon the record herein and after due deliberation thereon, good and sufficient cause exists for granting the relief requested in the Motion as set forth herein. Therefore,

**IT IS HEREBY ORDERED THAT:**

1. The Motion is granted.
2. Smith & Nephew is allowed a post-petition administrative expense claim in the amount of \$180,862.08 (the "Allowed Administrative Expense Claim").
3. The Debtors are hereby authorized and directed to pay the Allowed Administrative Expense Claim.
4. The Court retains jurisdiction with respect to all matters arising from or related to the implementation, interpretation, and enforcement of this Order.

**IT IS SO ORDERED.**

###

<p>Robert A. Rich (admitted <i>pro hac vice</i>) HUNTON ANDREWS KURTH LLP 200 Park Avenue New York, New York 10166 Telephone: (212) 309-1000 rrich2@HuntonAK.com -and- Matthew Bobb (CA BAR 253308) HUNTON ANDREWS KURTH LLP 550 South Hope St. Suite 2000 Los Angeles, CA 90071 Telephone: (213) 532-2000 Facsimile: (213) 532-2020 mbobb@HuntonAK.com</p> <p><i>Attorneys for Smith &amp; Nephew, Inc.</i></p>	<p>FOR COURT USE ONLY</p>
<p align="center"><b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA LOS ANGELES DIVISION</b></p>	
<p>In re:</p> <p>VERITY HEALTH SYSTEM OF CALIFORNIA, INC., <i>et al.</i>,</p> <p align="center">Debtors.</p> <p><input checked="" type="checkbox"/> Affects All Debtors  <input type="checkbox"/> Affects Verity Health System of California, Inc.  <input type="checkbox"/> Affects O'Connor Hospital  <input type="checkbox"/> Affects Saint Louise Regional Hospital  <input type="checkbox"/> Affects St. Francis Medical Center  <input type="checkbox"/> Affects St. Vincent Medical Center  <input type="checkbox"/> Affects Seton Medical Center  <input type="checkbox"/> Affects O'Connor Hospital Foundation  <input type="checkbox"/> Affects Saint Louise Regional Hospital  Foundation  <input type="checkbox"/> Affects St. Francis Medical Center of  Lynwood Foundation  <input type="checkbox"/> Affects St. Vincent Foundation  <input type="checkbox"/> Affects St. Vincent Dialysis Center, Inc.  <input type="checkbox"/> Affects Seton Medical Center Foundation  <input type="checkbox"/> Affects Verity Business Services  <input type="checkbox"/> Affects Verity Medical Foundation  <input type="checkbox"/> Affects Verity Holdings, LLC  <input type="checkbox"/> Affects De Paul Ventures, LLC  <input type="checkbox"/> Affects De Paul Ventures - San Jose  Dialysis, LLC</p> <p>Debtors and Debtors In Possession</p>	<p>Lead Case No. 2:18-bk-20151-ER</p> <p>Jointly Administered With:  Case No. 2:18-bk-20162-ER  Case No. 2:18-bk-20163-ER  Case No. 2:18-bk-20164-ER  Case No. 2:18-bk-20165-ER  Case No. 2:18-bk-20167-ER  Case No. 2:18-bk-20168-ER  Case No. 2:18-bk-20169-ER  Case No. 2:18-bk-20171-ER  Case No. 2:18-bk-20172-ER  Case No. 2:18-bk-20173-ER  Case No. 2:18-bk-20175-ER  Case No. 2:18-bk-20176-ER  Case No. 2:18-bk-20178-ER  Case No. 2:18-bk-20179-ER  Case No. 2:18-bk-20180-ER  Case No. 2:18-bk-20181-ER</p> <p>CHAPTER 11</p> <p>Hon. Judge Ernest M. Robles</p> <p><b>NOTICE OF SMITH &amp; NEPHEW INC.'S MOTION FOR ALLOWANCE AND PAYMENT OF ADMINISTRATIVE EXPENSE CLAIM</b></p> <p><u>Hearing:</u>  <b>Date: January 6, 2021</b>  <b>Time: 10:00 a.m. (PT)</b>  <b>Place: Courtroom 1568, Royal Federal Bldg,</b>  <b>255 East Temple Street, Los Angeles CA 90012</b></p>

1. TO (*specify name*): All parties in interest
2. NOTICE IS HEREBY GIVEN that on the following date and time and in the indicated courtroom, Movant in the above-captioned matter will move this court for an Order granting the relief sought as set forth in the Motion and accompanying supporting documents served and filed herewith. Said Motion is based upon the grounds set forth in the attached Motion and accompanying documents:

**Date: January 6, 2021**

**Time: 10:00 a.m. (PT)**

**Place: Courtroom 1568, Royal Federal Bldg,  
255 East Temple Street, Los Angeles CA 90012**

In accordance with Chambers' rules, any party who wishes to appear by telephone must contact Court Call by telephone at 888-882-6878, ext. 188 no later than one hour before the hearing.

3. **Your rights may be affected.** You should read these papers carefully and discuss them with your attorney, if you have one. (If you do not have an attorney, you may wish to consult one.)
4. **Deadline for Opposition Papers:** This Motion is being heard on regular notice pursuant to LBR 9013-1. If you wish to oppose this Motion, you must file a written response with the court and serve a copy of it upon the Movant or Movant's attorney at the address set forth above no less than fourteen (14) days prior to the above hearing date. If you fail to file a written response to this Motion within such time period, the court may treat such failure as a waiver of your right to oppose the Motion and may grant the requested relief.
5. **Hearing Date Obtained Pursuant to Judge's Self-Calendaring Procedure:** The undersigned hereby verifies that the above hearing date and time were available for this type of Motion according to the judge's self-calendaring procedures.

Date: December 2, 2020

**HUNTON ANDREWS KURTH LLP**

By: /s/ Robert A. Rich  
Robert A. Rich (admitted *pro hac vice*)  
200 Park Avenue  
New York, NY 10166  
Telephone: (212) 309-1000  
rrich2@HuntonAK.com

-and-

Matthew Bobb (CA Bar 253308)  
550 South Hope St.  
Suite 2000  
Los Angeles, CA 80071  
Telephone: (213) 532-2000  
mbobb@HuntonAK.com

*Counsel for Smith & Nephew, Inc.*

## PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

Hunton Andrews Kurth LLP, 200 Park Avenue, New York, NY 10166

A true and correct copy of the foregoing document entitled (*specify*): Motion of Smith & Nephew, Inc. for Allowance and Payment of Post-Petition Administrative Expense Claim and Notice of Motion of Smith & Nephew, Inc. for Allowance and Payment of Post-Petition Administrative Expense Claim

will be served or was served **(a)** on the judge in chambers in the form and manner required by LBR 5005-2(d); and **(b)** in the manner stated below:

**1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF):** Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) 12/2/2020, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

☒ Service information continued on attached page

**2. SERVED BY UNITED STATES MAIL:**

On (*date*) 12/2/2020, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

☒ Service information continued on attached page

**3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL** (*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) 12/2/2020, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

The Honorable Ernest M. Robles  
United States Bankruptcy Court, #1560  
255 E. Temple Street  
Los Angeles, CA 90012 - BY OVERNIGHT MAIL

☒ Service information continued on attached page

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

12/2/2020  
*Date*

Constance Andonian  
*Printed Name*

/s/ Constance Andonian  
*Signature*

**NEF/ELECTRONIC MAIL**

CreditorName	CreditorNoticeName	Address1	Address2	City	State	Zip	Email
Allen Matkins Leck Gamble Mallory & Natsis LLP	Debra A. Riley, Esq.	One America Plaza 171 17th Street NW, Suite 2100	600 West Broadway, 27th Floor	San Diego	CA	92101- 0903	driley@allenmatkins.com
Arnall Golden Gregory LLP	Darryl S. Laddin	11601 Wilshire Boulevard, Suite 1400		Atlanta	GA	30363- 1031	darryl.laddin@agg.com
Baker & Hostetler LLP	Lauren T. Attard			Los Angeles	CA	90025- 0509	lattard@bakerlaw.com
Ballard Spahr LLP	Attn: Dustin P. Branch, Esq. Nicholas M. Gross, Esq.	2029 Century Park East, Suite 800		Los Angeles	CA	90067- 2909	branchd@ballardspahr.com; grossn@ballardspahr.com
Ballard Spahr LLP	Brain D. Huben, Michael S. Meyers	2029 Century Park East, Suite 800		Los Angeles	CA	90067- 2909	hubenb@ballardspahr.com
Ballard Spahr LLP	William P. Wassweiler, Esq. and Charles E. Nelson, Esq.	2000 IDS Center	80 South Eighth Street	Minneapolis	MN	55402	wassweilerw@ballardspahr.com; nelsonc@ballardspahr.com
Barnes & Thornburg LLP	David M. Powlen, Kevin G. Collins	1000 N. West St., Suite 1500		Wilmington	DE	19801	kevin.collins@btlaw.com; david.powlen@btlaw.com
Barnes & Thornburg LLP	Paul J. Laurin	2029 Century Park E, Suite 300		Los Angeles	CA	90067	paul.laurin@btlaw.com
Bart Florence		1620 North Market Blvd		Sacramento	CA	95834	bflorence@local39.org
Bartko Zankel Bunzel & Miller	Kerry L. Duffy, Louise Ann Fernandez, An Nguyen Ruda	One Embarcadero Center	Suite 800	San Francisco	CA	94111	kduffy@bzbm.com; lfernandez@bzbm.com; aruda@bzbm.com
BDO USA, LLP	Laurence W. Golberg Director, Receivables Management	4135 Mendenhall Oaks Parkway, Suite 140		High Point	NC	27265	lgoldberg@bdo.com

CreditorName	CreditorNoticeName	Address1	Address2	City	State	Zip	Email
Bush Gottlieb, A Law Corporation	Attn: Joseph A. Kohanski, David E. Ahdoot, Kirk M. Prestegard	801 North Brand Boulevard, Suite 950		Glendale	CA	91203	jkohanski@bushgottlieb.com; dahdoot@bushgottlieb.com; kprestegard@bushgottlieb.com
California Nurses Association (CNA)	Attn: Kyrsten Skogstad, In-House Counsel; Nicole J. Daro, Esq	Legal Department	155 Grand Avenue	Oakland	CA	94612	kskogstad@calnurses.org; ndaro@calnurses.org
California Nurses Association (CNA)	Carol A. Igoe	Legal Department	155 Grand Avenue	Oakland	CA	94612	cigoe@calnurses.org
Carlton Fields Jordan Burt, LLP	Mark Neubauer and Donald Kirk	2029 Century Park East	Suite 1200	Los Angeles	CA	90067-2913	mneubauer@carltonfields.com; ljohnson@stvincentipa.com; dkirk@carltonfields.com
Carlton Fields Jordan Burt PA	Donald R Kirk & John Ryan Yant	4221 W Boy Scout Blvd Ste 1000		Tampa	FL	33607-5780	DKirk@carltonfields.com; ryant@carltonfields.com
Center for Medicare and Medicaid Services	Steven Chickering, the Associate Regional Administrator	90 – 7th Street, Suite 5-300		San Francisco	CA	94103-6706	Steven.Chickering@cms.hhs.gov
City of Daly City	Rose Zimmerman	City Attorney's Office	333 90th Street	Daly City	CA	94015	rzimmerman@dalycity.org
Dentons US LLP	Samuel R. Maizel, John A. Moe, II, Tania M. Moyron	601 South Figueroa Street, Suite 2500		Los Angeles	CA	90017-5704	tania.moyron@dentons.com; samuel.maizel@dentons.com; john.moe@dentons.com
DLA Piper LLP (US)	Eric D. Goldberg	2000 Avenue of the Stars	Suite 400 North Tower	Los Angeles	CA	90067-4704	eric.goldberg@dlapiper.com
DLA Piper LLP (US)	Jade M. Williams	444 W. Lake Street, Suite 900		Chicago	IL	60606-0089	jade.williams@dlapiper.com
Dorsey & Whitney LLP	Matthew J. Olson	305 Lytton Avenue		Palo Alto	CA	94301	olson.matt@dorsey.com
Duane Morris LLP	Jeff D. Kahane	865 S. Figueroa Street, Suite 3100		Los Angeles	CA	90017-5450	JKahane@duanemorris.com

CreditorName	CreditorNoticeName	Address1	Address2	City	State	Zip	Email
Duane Morris LLP	Wendy M. Simkulak and Drew S. McGehrin	30 S. 17th Street		Philadelphia	PA	19103	DSMcGehrin@duanemorris.com; WMSimkulak@duanemorris.com
Felderstein Fitzgerald Willoughby Pascuzzi & Rios LLP	Paul J. Pascuzzi	500 Capitol Mall, Suite 2250		Sacramento	CA	95814	ppascuzzi@ffwplaw.com
Fox Rothschild LLP	Attn: Michael A. Sweet, Nathan A. Schultz	345 California Street, Suite 2200		San Francisco	CA	94104	msweet@foxrothschild.com
Fox Rothschild LLP	Attn: Robert N. Amkraut, Esq	1001 Fourth Ave. Suite 4500		Seattle	WA	98154	ramkraut@foxrothschild.com
Gibbons P.C.	Attn: David N. Crapo, Esq.	One Gateway Center		Newark	NJ	07102- 5310	dcrapo@gibbonslaw.com
Gibson Dunn & Crutcher LLP	Jeffery C. Krause	333 South Grand Avenue		Los Angeles	CA	90071- 3197	jkrause@gibsondunn.com
Greenberg Traurig, LLP	David Eastlake	1000 Louisiana Street	Suite 1700	Houston	TX	77002	eastlaked@gtlaw.com
Greenberg Traurig, LLP	Michael R. Hogue	Four Embarcadero Center, Suite 3000		San Francisco	CA	94111	hoguem@gtlaw.com
Hanson Bridgett LLP	Neal L. Wolf, Anthony J. Dutra	425 Market Street, 26th Floor		San Francisco	CA	94105	NWolf@hansonbridgett.com; adutra@hansonbridgett.com
Iris Lara	c/o Trisha Monesi	1875 Century Park East, Suite 100		Los Angeles	CA	90067	trisha.monesi@capstonelawyers.com
JD Thompson Law	c/o Judy D. Thompson, Esq.	PO Box 33127		Charlotte	NC	28233	jdt@jdtthompsonlaw.com
Jones Day	Bruce Bennett	555 South Flower Street	Fiftieth Floor	Los Angeles	CA	90071	bbennett@jonesday.com
KCC	Andres A. Estrada	222 N Pacific Coast Highway	Suite 300	El Segundo	CA	90245	verifyinfo@kccllc.com
Keller & Benvenuti LLP	Attn: Jane Kim	650 California Street, Suite 1900		San Francisco	CA	94108	jkim@kellerbenvenuti.com

CreditorName	CreditorNoticeName	Address1	Address2	City	State	Zip	Email
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CreditorName	CreditorNoticeName	Address1	Address2	City	State	Zip	Email
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Pension Benefit Guaranty Corporation ("PBGC")	Attn: Michael Strollo and Emily Lesniewski	1200 K Street, NW		Washington	DC	20005	strollo.michael@pbgc.gov

CreditorName	CreditorNoticeName	Address1	Address2	City	State	Zip	Email
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U.S. Department of Justice, Civil Division	Seth B Shapiro	1100 L Street, N.W., Room 7114, Seventh Floor		Washington	DC	20005	seth.shapiro@usdoj.gov
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Wells Fargo Bank, N.A.	Mark V Birkholz; Corbin Connell	600 4th St. 6th Floor	MAC N9300-060	Minneapolis	MN	55415	Mark.v.birkholz@wellsfargo.com; Corbin.B.Connell@wellsfargo.com

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**U.S. POSTAL SERVICE FIRST CLASS MAIL**

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Aetna Life Insurance Company	Attn: Paul Weller, Head of Provider Litigation	1425 Union Meeting Rd.	Mail Stop U23S	Blue Bell	PA	19422
Allscripts Healthcare LLC	c/o Greg Bianchi	5995 Windward Pkwy		Alpharetta	GA	30005-4184
Attorney General of California	Xavier Becerra	California Department of Justice	1300 "I" Street	Sacramento	CA	95814
Attorney General of the United States	U.S. Department of Justice	950 Pennsylvania Avenue, NW		Washington	DC	20530-0001
California Department of Health Care Services	Jennifer Kent, Director	1501 Capitol Avenue, Suite 4510		Sacramento	CA	95814
California Secretary of State		1500 11th Street		Sacramento	CA	95814
California State Board of Pharmacy		1625 North Market Boulevard		Sacramento	CA	95834
Department of Health Care Services	Tanya Homman, Chief of Provider Enrollment Division	MS 4704, P.O. Box 997412		Sacramento	CA	95899-7412
Devaney Pate Morris & Cameron, LLP	c/o Lesley A. Riis	402 W. Broadway, Suite 1300		San Diego	CA	92101
Employment Development Dept. Engineers and Scientists of California IFPTE Local 20 AFL-CIO & CLC		722 Capitol Mall, MIC 92E		Sacramento	CA	95814
Hunton Andrews Kurth LLP	Danielle Lucido Chief Counsel	810 Clay St		Oakland	CA	94607
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Internal Revenue Service	Attn Susanne Larson	31 Hopkins Plz Rm 1150		Baltimore	MD	21201
Internal Revenue Service	Centralized Insolvency Operation	P.O. Box 7346		Philadelphia	PA	19101-7346
Internal Revenue Service	Centralized Insolvency Operation	2970 Market St		Philadelphia	PA	19104
Internal Revenue Service		300 North Los Angeles Street		Los Angeles	CA	90012

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Los Angeles County Tax Collector		PO Box 54110		Los Angeles	CA	90054-0110
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Perkins Coie LLP	Schuyler G. Carroll	30 Rockefeller Plaza, 22nd Floor		New York	NY	10112-0085
Securities and Exchange Commission		200 Vesey Street, #400		New York	NY	10281
State of California Board of Equalization	Account Information Group, MIC: 29	P.O. Box 942879		Sacramento	CA	94279-0029
State of California Board of Equalization	Executive Director	450 N Street, MIC: 73		Sacramento	CA	95814-0073
State of California Board of Equalization	Special Operations Bankruptcy Team MIC: 74	P.O. Box 942879		Sacramento	CA	94279-0074
State of California Employment Development Department	Bankruptcy Group MIC 92E	P. O. Box 826880		Sacramento	CA	94280-0001
State of California Franchise Tax Board	Franchise Tax Board Bankruptcy Section	MS: A-340	P. O. Box 2952	Sacramento	CA	95812-2952
State of California Franchise Tax Board	Franchise Tax Board Chief Counsel	c/o General Counsel Section	P.O. Box 1720	Rancho Cordova	CA	95741-1720
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U.S. Department of Health and Human Services	Angela M. Belgrove, Assistant Regional Counsel	Office of the General Counsel, Region IX	90 7th Street, Suite 4-500	San Francisco	CA	94103-6705

CreditorName	CreditorNoticeName	Address1	Address2	City	State	Zip
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United States Attorneys Office	Central District of California	312 North Spring Street	Suite 1200	Los Angeles	CA	90012
United States Attorneys Office	Northern District of California	Federal Courthouse	450 Golden Gate Avenue	San Francisco	CA	94102
United States Attorneys Office	Northern District of California	150 Almaden Boulevard	Suite 900	San Jose	CA	95113
United States Department of Justice	Ben Franklin Station	P. O. Box 683		Washington	DC	20044
USBC Central District of California		Edward R. Roybal Federal Building and U.S. Courthouse	255 East Temple Street, Suite 1560	Los Angeles	CA	90012
Verity Health System of California, Inc.; Verity Holdings, LLC	Ernest M. Robles CEO	601 S. Figueroa Street	Suite 4050	Los Angeles	CA	90017
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