

Fill in this information to identify the case:

Debtor Tricida, Inc.

United States Bankruptcy Court for the: _____ District of Delaware
(State)

Case number 23-10024

Official Form 410
Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Cintas Corporation
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Cintas Corporation Ann Dean, Litigation Paralegal 6800 Cintas Boulevard Mason, OH 45040, United States Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Contact phone <u>513-972-2026</u>	Contact phone _____
Contact email <u>deana3@cintas.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? _____



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 3,833.20. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Rental services

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

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

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



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

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

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Check all that apply:		Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).		\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).		\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).		\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).		\$ _____
<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u>2</u>) that applies.		\$ <u>1433.56</u>

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

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

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

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

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

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

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

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

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

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

Executed on date 03/07/2023
MM / DD / YYYY

/s/Ann E. Dean
Signature

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

Name Ann E. Dean
First name Middle name Last name

Title Litigation Paralegal

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

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic 866-476-0898 | International 001-310-823-9000

Debtor: 23-10024 - Tricida, Inc.		
District: District of Delaware		
Creditor: Cintas Corporation Ann Dean, Litigation Paralegal 6800 Cintas Boulevard Mason, OH, 45040 United States Phone: 513-972-2026 Phone 2: Fax: Email: deana3@cintas.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Rental services	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 3,833.20	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(2): 1433.56	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Ann E. Dean on 07-Mar-2023 7:41:10 a.m. Eastern Time Title: Litigation Paralegal Company: Cintas Corporation		

Tricida, Inc. (the “Debtor”)
United States Bankruptcy Court for the District of Delaware (the “Court”)
Case No. 23-10024

ADDENDUM TO PROOF OF CLAIM

1. This is the Addendum to the proof of claim being submitted by Cintas Corporation (the “Claimant”). This Addendum is an integral part of the proof of claim and is incorporated by reference into the proof of claim for all purposes.

2. Claimant and the Debtor are parties to that certain Standard Rental Service Agreement (the “Agreement”) pursuant to which the Claimant provides the Debtor rental services. In connection with its sales and business operations, the Debtor failed to pay its monetary obligations owed to the Claimant pursuant to the Agreement.

3. On January 11, 2023 (the “Petition Date”), the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the “Bankruptcy Code”) in the Court.

4. The Claimant holds an unsecured claim against the Debtor in an amount not less than \$3,833.20, representing (i) \$2,399.64 amounts due and owing to the Claimant prior to the Petition Date by the Debtor under the Agreements, and (ii) \$1,433.56 in amounts owing to the Claimant from and after the Petition Date by the Debtor under the Agreements, which are entitled to administrative expense priority under sections 507(a)(2) and 503(b) of the Bankruptcy Code. A detail of the amounts owed by the Debtors to the Claimant are attached hereto as **Exhibit A**.

5. The Claimant reserves its rights, including, but not limited to, its rights of netting, recoupment, and setoff. The Claimant also reserves its rights regarding all other claims and/or defense that the Claimant may possess and/or assert against the Debtor.

6. The Claimant reserves the right to amend or supplement this proof of claim from time to time and at any time.

7. The filing of this proof of claim is not: (a) a waiver or release of the Claimant's rights; (b) a waiver or release of any right or claim of the Claimant arising out of any other claim, of any nature whatsoever, which the Claimant has against the Debtor or any of its affiliates; (c) a waiver or release of any rights of the Claimant under applicable law; (d) an election of any remedy to the exclusion, express or implied, of any other remedy; (e) a consent that this claim is a debt which is subject to discharge in this proceeding; or (f) a ratification or consent to any obligations or liability based upon or arising out of any transactions between the Claimant and the Debtor. All of the foregoing rights and claims are hereby preserved without exception and with no purpose of confessing or conceding any of the foregoing in any way by this filing or by any other participation in this case.

Exhibit A - Tricida, Inc.			
Location	Invoice #	Invoice Date	Invoice Amount
51P	5125936139	9/23/2022	\$ 235.56
51P	5129544769	10/20/2022	\$ 93.84
51P	5137286384	12/16/2022	\$ 122.20
51P	9188344527	8/15/2022	\$ 461.48
51P	9194592274	10/1/2022	\$ 461.48
51P	9202395177	12/1/2022	\$ 461.48
51P	9206407975	1/1/2023	\$ 461.48
51P	9210368076	2/1/2023	\$ 461.48
51P	9214017823	3/1/2023	\$ 461.48
464	4143074677	1/11/2023	\$ 102.12
464	4143803679	1/18/2023	\$ 102.12
464	4144503326	1/25/2023	\$ 102.12
464	4145315602	2/1/2023	\$ 102.12
464	4145912284	2/8/2023	\$ 102.12
464	4146595479	2/15/2023	\$ 102.12
GRAND TOTAL			\$ 3,833.20
Pre-Petition			\$ 2,399.64
507(a)(2)			\$ 1,433.56

Location No: 54K Contract No. _____ Customer No. 24937 Date 9/27/2018
 Customer TRICIDA INC Phone 415 988 1334
 Address 7000 SHORELINE CT City So. San Francisco State CA Zip 94080
 UNIFORM RENTAL PRICING: Business Index _____ Dynamics ID _____

Item #	Description	Unit Price
<u>82558</u>	<u>LAB COAT NOMEX</u>	<u>2.13</u>

- This agreement is effective as of the date of execution for a term of 60 months from date of installation.
- The additional charges listed below are subject to adjustment by Company effective upon notice to Customer, which notice may be in the form of an invoice.
- Name Emblem \$ 2.25 ea • Company Emblem \$ 3.25 ea
- Custom Emblem \$ _____ ea • Embroidery \$ _____ ea
- COD Terms \$ _____ per week charge for prior service (if Amount Due is Carried to Following Week)
- Credit Terms – Charge Payments due 10 Days After End of Month
- Automatic Lost Replacement Charge: Item _____ % of Inventory _____ \$ _____ ea.
- Automatic Lost Replacement Charge: Item _____ % of Inventory _____ \$ _____ ea.
- Preparation Charge \$ 2.25 per garment.
- Non-Standard/Special Cut Garment (i.e., non-standard, non-stocked unusually small or large sizes, unusually short or long sleeve or length, etc.) premium \$.25 per garment
- Under no circumstances will the Company accept textiles bearing free liquid. Shop towels may not be used to clean up oil or solvent spills.
 Shop Towel Container \$ _____ per week. • Artwork Charge for LogoMat \$ _____
- Uniform Storage Lockers: \$ _____ ea/week, Laundry Lock-up: \$ _____ ea/week Shipping: \$ _____
- Service Charge \$ 15.00 per delivery.
 This Service Charge is used to help Company pay various fluctuating current and future costs including, but not limited to, costs directly or indirectly related to the environment, energy issues, service and delivery of goods and services, in addition to other miscellaneous costs incurred or that may be incurred in the future by Company.
- Size Change: Customer agrees to have employees measured by a Cintas representative using garment "size samples". A charge of \$ 5.00 per garment will be assessed for employees size changed within 4 weeks of add-on or installation.
- Uniform Advantage \$.10 per garment Premium Advantage \$.10 per garment
 Uniform Advantage and Premium Advantage covers damaged garments needing to be replaced outside of normal wear. Uniform Advantage and Premium Advantage do not cover lost or unreturned garments. The customer or company may cancel Uniform Advantage and Premium Advantage at any time.
- Emblem Advantage \$ _____ per garment. Emblem Advantage covers name and company emblems initially selected by Customer. The Customer or Company may cancel Emblem Advantage at any time after six months from date of installation.
- Prep Advantage \$.25 per garment. Prep Advantage covers all costs associated with garment preparation. The Customer or Company may cancel Prep Advantage at any time after six months from date of installation.
- Other _____

FACILITY SERVICES PRODUCTS PRICING:

Item #	Description	Rental Freq.	Unit Price

- Initial and check box if Unilease. All garments will be cleaned by Customer.
Date _____
- Initial and check box if receiving Linen Service. Company may make periodic physical inventories of items in possession or under control of Customer.
Date _____
- Initial and check box if receiving direct embroidery. If service is discontinued for any employee, or Customer deletes any of the garments with direct embroidery for any reason, or terminates this agreement for any reason or fails to renew this agreement, Customer will purchase all direct embroidered garments at the time they are removed from service at the then current replacement values.
Date _____

Customer Certifies it is is not a federal, state, or local government branch or agency.

This agreement is subject to the terms and conditions on the back of this agreement. By signing below, Customer agrees to and accepts the terms and conditions on the back of this agreement.

Cintas Loc. No. X 54K CUSTOMER: Please Sign Name X
 By X JOE MACHADO Please Print Name X Scott Tabakman
 Title X SSR Please Print Title X Associate Director, AD
 Accepted-GM: X [Signature] E-mail X Stabakman@Tricida.com

Form Distribution:

(1) White-Office

(2) Canary-Customer

(3) Pink-Corporate Office

Approved by Finance SP



CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Service / Billing # (408)834-4381
 Fax # (TBD) -
 Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 5125936139
Invoice Date 09/23/2022
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 7035294872
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
Unit 00000000006346980	Unit Description: Breakroom				
619299	EMERGENCY TOURNIQUET	1 EA	\$37.89	\$37.89	Y
			Unit Subtotal:	\$37.89	
Unit 00000000009424051	Unit Description: upstairs lunch				
50430	ALCOHOL SWABS SMALL	1 BAG	\$8.25	\$8.25	Y
100439	HYDROCORTISONE CREAM SM	1 BAG	\$11.17	\$11.17	Y
115089	ANTACID FRUIT FLAVOR MED	1 BOX	\$31.12	\$31.12	Y
280020	LENS/SCREEN WIPES 100/BX	1 BOX	\$33.12	\$33.12	Y
573772	DAYQUIL SMALL	1 BAG	\$17.75	\$17.75	Y
			Unit Subtotal:	\$101.41	
Unit 00000000011716577	Unit Description: 2nd Floor				
119260	ALLERGY RELIEF TABLET MED	1 BOX	\$34.39	\$34.39	Y
573772	DAYQUIL SMALL	1 BAG	\$17.75	\$17.75	Y
			Unit Subtotal:	\$52.14	
Unit 00000000017309652	Unit Description: 2nd floor kitchen				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
			Unit Subtotal:	\$0.00	
Unit 00000000017309661	Unit Description: 3rd floor				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
			Unit Subtotal:	\$0.00	
Unit 00000000017309664	Unit Description: 2nd floor office				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
			Unit Subtotal:	\$0.00	
Unit 000000000999900999	Unit Description: Other				
400	SERVICE CHARGE	1 EA	\$22.95	\$22.95	Y
			Unit Subtotal:	\$22.95	
			Invoice Sub-total	\$214.39	

CINTAS
P.O. Box 631025
CINCINNATI, OH 45263-1025

Invoice

Material #	Description	Quantity	Unit Price	Ext Price	Tax
					\$21.17
					\$235.56

Remit To CINTAS
P.O. Box 631025
CINCINNATI, OH 45263-1025

Note





CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Service / Billing # (408)834-4381
 Fax # (TBD) -
 Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 5129544769
Invoice Date 10/20/2022
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 7035889579
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
Unit 00000000006346980	Unit Description: Breakroom				
151629	FIRST AID GUIDE	1 EA	\$31.57	\$31.57	Y
			Unit Subtotal:	\$31.57	
Unit 00000000009424051	Unit Description: upstairs lunch				
43259	KNUCKLE BANDAGE MEDIUM	1 BOX	\$17.75	\$17.75	Y
			Unit Subtotal:	\$17.75	
Unit 00000000011716577	Unit Description: 2nd Floor				
50429	ALCOHOL PREP PADS MEDIUM	1 BOX	\$13.14	\$13.14	Y
			Unit Subtotal:	\$13.14	
Unit 00000000017309652	Unit Description: 2nd floor kitchen				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
			Unit Subtotal:	\$0.00	
Unit 00000000017309661	Unit Description: 3rd floor				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
			Unit Subtotal:	\$0.00	
Unit 00000000017309664	Unit Description: 2nd floor office				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
			Unit Subtotal:	\$0.00	
Unit 000000000999900999	Unit Description: Other				
400	SERVICE CHARGE	1 EA	\$22.95	\$22.95	Y
			Unit Subtotal:	\$22.95	
			Invoice Sub-total	\$85.41	
			Tax	\$8.43	
			Invoice Total	\$93.84	

CINTAS
P.O. Box 631025
CINCINNATI, OH 45263-1025

Invoice

Material #	Description	Quantity	Unit Price	Ext Price	Tax
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Remit To CINTAS
P.O. Box 631025
CINCINNATI, OH 45263-1025

Note

CINTAS



CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Service / Billing # (408)834-4381
 Fax # (TBD) -
 Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 5137286384
Invoice Date 12/16/2022
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 7037131866
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
Unit 00000000006346980	Unit Description: Breakroom				
50539	ALCOHOL SPRAY PUMP 2/OZ	1 EA	\$14.45	\$14.45	Y
82620	ELASTIC ACETYPE BANDAGE 2IN	1 ROL	\$7.36	\$7.36	Y
	Unit Subtotal:			\$21.81	
Unit 00000000011716577	Unit Description: 2nd Floor				
122259	GLUCOSE POWDER	1 EA	\$18.88	\$18.88	Y
122269	GLUCOSE SELTS	1 PAC	\$20.84	\$20.84	Y
573773	PEPCID AC SMALL	1 BAG	\$15.11	\$15.11	Y
588026	EMERGEN-C ORANGE 5/PK	1 PAK	\$11.63	\$11.63	Y
	Unit Subtotal:			\$66.46	
Unit 00000000017309652	Unit Description: 2nd floor kitchen				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
	Unit Subtotal:			\$0.00	
Unit 00000000017309661	Unit Description: 3rd floor				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
	Unit Subtotal:			\$0.00	
Unit 00000000017309664	Unit Description: 2nd floor office				
110	SERVICE ACKNOWLEDGEMENT	1 EA	\$0.00	\$0.00	
160	AED CHECKED (NO CHARGE)	1 EA	\$0.00	\$0.00	
	Unit Subtotal:			\$0.00	
Unit 000000000999900999	Unit Description: Other				
400	SERVICE CHARGE	1 EA	\$22.95	\$22.95	Y
	Unit Subtotal:			\$22.95	
	Invoice Sub-total			\$111.22	
	Tax			\$10.98	
	Invoice Total			\$122.20	

CINTAS
P.O. Box 631025
CINCINNATI, OH 45263-1025

Invoice

Material #	Description	Quantity	Unit Price	Ext Price	Tax
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Remit To CINTAS
P.O. Box 631025
CINCINNATI, OH 45263-1025

Note





CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Service / Billing # (408)834-4381
Fax # (TBD) -
Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 9188344527
Invoice Date 08/15/2022
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 0060311134
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
4003Z_AGRMT	ZOLL 3 AED - AUTOMATIC AGREEMENT	3 EA	\$140.00	\$420.00	Y
				Invoice Sub-total	\$420.00
				Tax	\$41.48
				Invoice Total	\$461.48

Remit To CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Note



CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Service / Billing # (408)834-4381
Fax # (TBD) -
Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 9194592274
Invoice Date 10/01/2022
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 0060311134
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
4003Z_AGRMT	ZOLL 3 AED - AUTOMATIC AGREEMENT	3 EA	\$140.00	\$420.00	Y
				Invoice Sub-total	\$420.00
				Tax	\$41.48
				Invoice Total	\$461.48

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Service / Billing # (408)834-4381
Fax # (TBD) -
Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 9202395177
Invoice Date 12/01/2022
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 0060311134
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
4003Z_AGRMT	ZOLL 3 AED - AUTOMATIC AGREEMENT	3 EA	\$140.00	\$420.00	Y
				Invoice Sub-total	\$420.00
				Tax	\$41.48
				Invoice Total	\$461.48

Remit To CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Note



CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Service / Billing # (408)834-4381
Fax # (TBD) -
Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 9206407975
Invoice Date 01/01/2023
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 0060311134
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
4003Z_AGRMT	ZOLL 3 AED - AUTOMATIC AGREEMENT	3 EA	\$140.00	\$420.00	Y
				Invoice Sub-total	\$420.00
				Tax	\$41.48
				Invoice Total	\$461.48

Remit To CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Note



CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Service / Billing # (408)834-4381
Fax # (TBD) -
Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 9210368076
Invoice Date 02/01/2023
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 0060311134
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
4003Z_AGRMT	ZOLL 3 AED - AUTOMATIC AGREEMENT	3 EA	\$140.00	\$420.00	Y
				Invoice Sub-total	\$420.00
				Tax	\$41.48
				Invoice Total	\$461.48

Remit To CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Note



CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Service / Billing # (408)834-4381
Fax # (TBD) -
Payment Inquiry # (469)248-4753

Invoice

Ship To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Invoice # 9214017823
Invoice Date 03/01/2023
Credit Terms NET 30 DAYS
Customer # 10635767
Cintas Route LOC #051P ROUTE 0005
Order # 0060311134
Payer # 10635767

Bill To TRICIDA
 STE 201
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA
 94080-7603

Material #	Description	Quantity	Unit Price	Ext Price	Tax
4003Z_AGRMT	ZOLL 3 AED - AUTOMATIC AGREEMENT	3 EA	\$140.00	\$420.00	Y
				Invoice Sub-total	\$420.00
				Tax	\$41.48
				Invoice Total	\$461.48

Remit To CINTAS
 P.O. Box 631025
 CINCINNATI, OH 45263-1025

Note



REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

VIEW & PAY YOUR BILLS ONLINE:
 WWW.CINTAS.COM/MYACCOUNT

CUSTOMER SVC/BILLING 833-711-5963
 CINTAS FAX # 650-583-8321
 PAYMENT INQUIRY 916-576-4111

INVOICE

SHIP TO: TRICIDA INC
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA 94080-1945

INVOICE # 4143074677
INVOICE DATE 01/11/2023
SERVICE TICKET # 4143074677

BILL TO: TRICIDA INC.
 7000 SHORLINE CT
 SOUTH SAN FRANCISCO, CA 94080

SOLD TO # 14474058
PAYER # 14485228
PAYMENT TERMS AUTO CREDIT CARD
SORT # 04640024937
CINTAS ROUTE 74 / DAY 3 / STOP 017

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX	
0002/2	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0002/2	PAUL KIERSTEAD SUBTOTAL - 8.63								
0003/3	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0003/3	JUN SHAO SUBTOTAL - 8.63								
0004/4	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	3	4.315	12.95	N	
0004/4	KALPESH BIYANJ SUBTOTAL - 12.95								
0005/5	X82558	LABCOAT/ARAMID/ROYAL BLUE-00SLS	01	F	2	4.315	8.63	N	
0005/5	SCOTT TABAKMAN SUBTOTAL - 8.63								
0008/8	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	3	4.315	12.95	N	
0008/8	MATT KADE SUBTOTAL - 12.95								
0009	X9632	FR LAB COAT/ROYAL-00MLS	01	F	2	5.473	10.95	N	
0009	JASON MACNAUGHTON SUBTOTAL - 10.95								
0013/13	X82497	BUTCHER COAT/POLY/WHT/LS-00LLS	N	01	D	0	2.390	0.00	N
0013/13	NOG LAB COATS SUBTOTAL - 0.00								
0014/14	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0014/14	VICKY SANOCKI SUBTOTAL - 8.63								
0019/19	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	2	4.315	8.63	N	
0019/19	DAVID LAO SUBTOTAL - 8.63								
		PREP ADVANTAGE					0.90	N	
							SUBTOTAL	80.90	
		SERVICE CHARGE						21.22	N
		SUBTOTAL						102.12	
		TAX						0.00	
		TOTAL USD						102.12	
		SPECIAL PROGRAMS BREAKDOWN							
		PREP ADVANTAGE			18	0.050	0.90	N	



REMIT PAYMENT TO:
CINTAS CORP
P.O. BOX 630921
CINCINNATI, OH 45263-0921

INVOICE # 4143074677
INVOICE DATE 01/11/2023
SERVICE TICKET # 4143074677

INVOICE

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
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Signature :

Bryan .		Invoice Total	Pymt on Acct.
		102.12	0.00
Sold To: 0014474058	SO#: 4143074677	01/11/2023	10:43 AM





REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

VIEW & PAY YOUR BILLS ONLINE:
 WWW.CINTAS.COM/MYACCOUNT

CUSTOMER SVC/BILLING 833-711-5963
 CINTAS FAX # 650-583-8321
 PAYMENT INQUIRY 916-576-4111

INVOICE

SHIP TO: TRICIDA INC
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA 94080-1945

INVOICE # 4143803679
INVOICE DATE 01/18/2023
SERVICE TICKET # 4143803679

BILL TO: TRICIDA INC.
 7000 SHORLINE CT
 SOUTH SAN FRANCISCO, CA 94080

SOLD TO # 14474058
PAYER # 14485228
PAYMENT TERMS AUTO CREDIT CARD
SORT # 04640024937
CINTAS ROUTE 74 / DAY 3 / STOP 017

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX	
0002/2	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0002/2	PAUL KIERSTEAD SUBTOTAL - 8.63								
0003/3	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0003/3	JUN SHAO SUBTOTAL - 8.63								
0004/4	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	3	4.315	12.95	N	
0004/4	KALPESH BIYANJ SUBTOTAL - 12.95								
0005/5	X82558	LABCOAT/ARAMID/ROYAL BLUE-00SLS	01	F	2	4.315	8.63	N	
0005/5	SCOTT TABAKMAN SUBTOTAL - 8.63								
0008/8	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	3	4.315	12.95	N	
0008/8	MATT KADE SUBTOTAL - 12.95								
0009	X9632	FR LAB COAT/ROYAL-00MLS	01	F	2	5.473	10.95	N	
0009	JASON MACNAUGHTON SUBTOTAL - 10.95								
0013/13	X82497	BUTCHER COAT/POLY/WHT/LS-00LLS	N	01	D	0	2.390	0.00	N
0013/13	NOG LAB COATS SUBTOTAL - 0.00								
0014/14	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0014/14	VICKY SANOCKI SUBTOTAL - 8.63								
0019/19	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	2	4.315	8.63	N	
0019/19	DAVID LAO SUBTOTAL - 8.63								
		PREP ADVANTAGE					0.90	N	
							SUBTOTAL	80.90	
		SERVICE CHARGE						21.22	N
		SUBTOTAL						102.12	
		TAX						0.00	
		TOTAL USD						102.12	
		SPECIAL PROGRAMS BREAKDOWN							
		PREP ADVANTAGE			18	0.050	0.90	N	

Dear valued customer, Beginning March 1, 2023 Cintas will no longer be accepting funds on route. Checks, money orders, and other payments should be mailed



REMIT PAYMENT TO:
CINTAS CORP
P.O. BOX 630921
CINCINNATI, OH 45263-0921

INVOICE # 4143803679
INVOICE DATE 01/18/2023
SERVICE TICKET # 4143803679

INVOICE

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
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to: CINTAS CORP PO BOX 29059 PHOENIX, AZ 85038-9059. Payments and other account information can also be handled at www.cintas.com/myaccount.

Signature :

Francisco Hernandez-Medina	Invoice Total	Pymt on Acct.
	102.12	0.00
Sold To: 0014474058 SO#: 4143803679	01/18/2023	10:46 AM



REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

VIEW & PAY YOUR BILLS ONLINE:
 WWW.CINTAS.COM/MYACCOUNT

CUSTOMER SVC/BILLING 833-711-5963
 CINTAS FAX # 650-583-8321
 PAYMENT INQUIRY 916-576-4111

INVOICE

SHIP TO: TRICIDA INC
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA 94080-1945

INVOICE # 4144503326
INVOICE DATE 01/25/2023
SERVICE TICKET # 4144503326

BILL TO: TRICIDA INC.
 7000 SHORLINE CT
 SOUTH SAN FRANCISCO, CA 94080

SOLD TO # 14474058
PAYER # 14485228
PAYMENT TERMS AUTO CREDIT CARD
SORT # 04640024937
CINTAS ROUTE 74 / DAY 3 / STOP 017

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX	
0002/2	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0002/2	PAUL KIERSTEAD SUBTOTAL - 8.63								
0003/3	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0003/3	JUN SHAO SUBTOTAL - 8.63								
0004/4	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	3	4.315	12.95	N	
0004/4	KALPESH BIYANJ SUBTOTAL - 12.95								
0005/5	X82558	LABCOAT/ARAMID/ROYAL BLUE-00SLS	01	F	2	4.315	8.63	N	
0005/5	SCOTT TABAKMAN SUBTOTAL - 8.63								
0008/8	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	3	4.315	12.95	N	
0008/8	MATT KADE SUBTOTAL - 12.95								
0009	X9632	FR LAB COAT/ROYAL-00MLS	01	F	2	5.473	10.95	N	
0009	JASON MACNAUGHTON SUBTOTAL - 10.95								
0013/13	X82497	BUTCHER COAT/POLY/WHT/LS-00LLS	N	01	D	0	2.390	0.00	N
0013/13	NOG LAB COATS SUBTOTAL - 0.00								
0014/14	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0014/14	VICKY SANOCKI SUBTOTAL - 8.63								
0019/19	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	2	4.315	8.63	N	
0019/19	DAVID LAO SUBTOTAL - 8.63								
		PREP ADVANTAGE					0.90	N	
							SUBTOTAL	80.90	
		SERVICE CHARGE						21.22	N
		SUBTOTAL						102.12	
		TAX						0.00	
		TOTAL USD						102.12	
		SPECIAL PROGRAMS BREAKDOWN							
		PREP ADVANTAGE			18	0.050	0.90	N	

Dear valued customer, Beginning March 1, 2023 Cintas will no longer be accepting funds on route. Checks, money orders, and other payments should be mailed



REMIT PAYMENT TO:
CINTAS CORP
P.O. BOX 630921
CINCINNATI, OH 45263-0921

INVOICE # 4144503326
INVOICE DATE 01/25/2023
SERVICE TICKET # 4144503326

INVOICE

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
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to: CINTAS CORP PO BOX 29059 PHOENIX, AZ 85038-9059. Payments and other account information can also be handled at www.cintas.com/myaccount.

Signature :

Francisco Hernandez-Medina	Invoice Total	Pymt on Acct.
	102.12	0.00
Sold To: 0014474058 SO#: 4144503326	01/25/2023	03:12 PM



REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

VIEW & PAY YOUR BILLS ONLINE:
 WWW.CINTAS.COM/MYACCOUNT

CUSTOMER SVC/BILLING 833-711-5963
 CINTAS FAX # 650-583-8321
 PAYMENT INQUIRY 916-576-4111

INVOICE

SHIP TO: TRICIDA INC
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA 94080-1945

INVOICE # 4145315602
INVOICE DATE 02/01/2023
SERVICE TICKET # 4145315602

BILL TO: TRICIDA INC.
 7000 SHORLINE CT
 SOUTH SAN FRANCISCO, CA 94080

SOLD TO # 14474058
PAYER # 14485228
PAYMENT TERMS AUTO CREDIT CARD
SORT # 04640024937
CINTAS ROUTE 74 / DAY 3 / STOP 017

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX	
0002/2	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0002/2	PAUL KIERSTEAD SUBTOTAL - 8.63								
0003/3	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0003/3	JUN SHAO SUBTOTAL - 8.63								
0004/4	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	3	4.315	12.95	N	
0004/4	KALPESH BIYANJ SUBTOTAL - 12.95								
0005/5	X82558	LABCOAT/ARAMID/ROYAL BLUE-00SLS	01	F	2	4.315	8.63	N	
0005/5	SCOTT TABAKMAN SUBTOTAL - 8.63								
0008/8	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	3	4.315	12.95	N	
0008/8	MATT KADE SUBTOTAL - 12.95								
0009	X9632	FR LAB COAT/ROYAL-00MLS	01	F	2	5.473	10.95	N	
0009	JASON MACNAUGHTON SUBTOTAL - 10.95								
0013/13	X82497	BUTCHER COAT/POLY/WHT/LS-00LLS	N	01	D	0	2.390	0.00	N
0013/13	NOG LAB COATS SUBTOTAL - 0.00								
0014/14	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0014/14	VICKY SANOCKI SUBTOTAL - 8.63								
0019/19	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	2	4.315	8.63	N	
0019/19	DAVID LAO SUBTOTAL - 8.63								
		PREP ADVANTAGE					0.90	N	
							SUBTOTAL	80.90	
		SERVICE CHARGE						21.22	N
		SUBTOTAL						102.12	
		TAX						0.00	
		TOTAL USD						102.12	
		SPECIAL PROGRAMS BREAKDOWN							
		PREP ADVANTAGE			18	0.050	0.90	N	

Dear valued customer, Beginning March 1, 2023 Cintas will no longer be accepting funds on route. Checks, money orders, and other payments should be mailed



REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

INVOICE # 4145315602
 INVOICE DATE 02/01/2023
 SERVICE TICKET # 4145315602

INVOICE

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
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to: CINTAS CORP PO BOX 29059 PHOENIX, AZ 85038-9059. Payments and other account information can also be handled at www.cintas.com/myaccount.

Signature :

Francisco Hernandez-Medina		Invoice Total	Pymt on Acct.
		102.12	0.00
Sold To: 0014474058	SO#: 4145315602	02/01/2023	11:45 AM





REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

VIEW & PAY YOUR BILLS ONLINE:
 WWW.CINTAS.COM/MYACCOUNT

CUSTOMER SVC/BILLING 833-711-5963
 CINTAS FAX # 650-583-8321
 PAYMENT INQUIRY 916-576-4111

INVOICE

SHIP TO: TRICIDA INC
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA 94080-1945

INVOICE # 4145912284
INVOICE DATE 02/08/2023
SERVICE TICKET # 4145912284

BILL TO: TRICIDA INC.
 7000 SHORLINE CT
 SOUTH SAN FRANCISCO, CA 94080

SOLD TO # 14474058
PAYER # 14485228
PAYMENT TERMS AUTO CREDIT CARD
SORT # 04640024937
CINTAS ROUTE 74 / DAY 3 / STOP 017

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX	
0002/2	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0002/2	PAUL KIERSTEAD SUBTOTAL - 8.63								
0003/3	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0003/3	JUN SHAO SUBTOTAL - 8.63								
0004/4	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	3	4.315	12.95	N	
0004/4	KALPESH BIYANJ SUBTOTAL - 12.95								
0005/5	X82558	LABCOAT/ARAMID/ROYAL BLUE-00SLS	01	F	2	4.315	8.63	N	
0005/5	SCOTT TABAKMAN SUBTOTAL - 8.63								
0008/8	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	3	4.315	12.95	N	
0008/8	MATT KADE SUBTOTAL - 12.95								
0009	X9632	FR LAB COAT/ROYAL-00MLS	01	F	2	5.473	10.95	N	
0009	JASON MACNAUGHTON SUBTOTAL - 10.95								
0013/13	X82497	BUTCHER COAT/POLY/WHT/LS-00LLS	N	01	D	0	2.390	0.00	N
0013/13	NOG LAB COATS SUBTOTAL - 0.00								
0014/14	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0014/14	VICKY SANOCKI SUBTOTAL - 8.63								
0019/19	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	2	4.315	8.63	N	
0019/19	DAVID LAO SUBTOTAL - 8.63								
		PREP ADVANTAGE					0.90	N	
							SUBTOTAL	80.90	
		SERVICE CHARGE						21.22	N
		SUBTOTAL						102.12	
		TAX						0.00	
		TOTAL USD						102.12	
		SPECIAL PROGRAMS BREAKDOWN							
		PREP ADVANTAGE			18	0.050	0.90	N	

Dear valued customer, Beginning March 1, 2023 Cintas will no longer be accepting funds on route. Checks, money orders, and other payments should be mailed



REMIT PAYMENT TO:
CINTAS CORP
P.O. BOX 630921
CINCINNATI, OH 45263-0921

INVOICE # 4145912284
INVOICE DATE 02/08/2023
SERVICE TICKET # 4145912284

INVOICE

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
------------	----------	-------------	------	------	-----	------------	------------	-----

to: CINTAS CORP PO BOX 29059 PHOENIX, AZ 85038-9059. Payments and other account information can also be handled at www.cintas.com/myaccount.

Signature :

Helen .	Invoice Total	Pymt on Acct.
	102.12	0.00
Sold To: 0014474058	SO#: 4145912284	02/08/2023 11:58 AM





REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

VIEW & PAY YOUR BILLS ONLINE:
 WWW.CINTAS.COM/MYACCOUNT

CUSTOMER SVC/BILLING 833-711-5963
 CINTAS FAX # 650-583-8321
 PAYMENT INQUIRY 916-576-4111

INVOICE

SHIP TO: TRICIDA INC
 7000 SHORELINE CT
 SOUTH SAN FRANCISCO, CA 94080-1945

INVOICE # 4146595479
INVOICE DATE 02/15/2023
SERVICE TICKET # 4146595479

BILL TO: TRICIDA INC.
 7000 SHORLINE CT
 SOUTH SAN FRANCISCO, CA 94080

SOLD TO # 14474058
PAYER # 14485228
PAYMENT TERMS AUTO CREDIT CARD
SORT # 04640024937
CINTAS ROUTE 74 / DAY 3 / STOP 018

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX	
0002/2	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0002/2	PAUL KIERSTEAD SUBTOTAL - 8.63								
0003/3	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0003/3	JUN SHAO SUBTOTAL - 8.63								
0004/4	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	3	4.315	12.95	N	
0004/4	KALPESH BIYANJ SUBTOTAL - 12.95								
0005/5	X82558	LABCOAT/ARAMID/ROYAL BLUE-00SLS	01	F	2	4.315	8.63	N	
0005/5	SCOTT TABAKMAN SUBTOTAL - 8.63								
0008/8	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	3	4.315	12.95	N	
0008/8	MATT KADE SUBTOTAL - 12.95								
0009	X9632	FR LAB COAT/ROYAL-00MLS	01	F	2	5.473	10.95	N	
0009	JASON MACNAUGHTON SUBTOTAL - 10.95								
0013/13	X82497	BUTCHER COAT/POLY/WHT/LS-00LLS	N	01	D	0	2.390	0.00	N
0013/13	NOG LAB COATS SUBTOTAL - 0.00								
0014/14	X82558	LABCOAT/ARAMID/ROYAL BLUE-00LLS	01	F	2	4.315	8.63	N	
0014/14	VICKY SANOCKI SUBTOTAL - 8.63								
0019/19	X82558	LABCOAT/ARAMID/ROYAL BLUE-00MLS	01	F	2	4.315	8.63	N	
0019/19	DAVID LAO SUBTOTAL - 8.63								
		PREP ADVANTAGE					0.90	N	
							SUBTOTAL	80.90	
		SERVICE CHARGE						21.22	N
		SUBTOTAL						102.12	
		TAX						0.00	
		TOTAL USD						102.12	
		SPECIAL PROGRAMS BREAKDOWN							
		PREP ADVANTAGE			18	0.050	0.90	N	

Dear valued customer, Beginning March 1, 2023 Cintas will no longer be accepting funds on route. Checks, money orders, and other payments should be mailed



REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

INVOICE # 4146595479
 INVOICE DATE 02/15/2023
 SERVICE TICKET # 4146595479

INVOICE

EMP#/LOCK#	MATERIAL	DESCRIPTION	FREQ	EXCH	QTY	UNIT PRICE	LINE TOTAL	TAX
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to: CINTAS CORP PO BOX 29059 PHOENIX, AZ 85038-9059. Payments and other account information can also be handled at www.cintas.com/myaccount.

Signature :

Francisco Hernandez-Medina		Invoice Total	Pymt on Acct.
		102.12	0.00
Sold To: 0014474058	SO#: 4146595479	02/15/2023	12:33 PM

