

## Fill in this information to identify the case:

Debtor 1 ProSomnus, Inc.

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

United States Bankruptcy Court for the: District of Delaware

Case number 24-10972

## 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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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

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

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Uline</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Uline</u> Name <u>12575 Uline Drive</u> Number Street <u>Pleasant Prairie WI 53158</u> City State ZIP Code Contact phone <u>888-884-6910</u> Contact email <u>arbankruptcy@uline.com</u>	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): -----	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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**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: 4 9 1 9

7. How much is the claim? \$ 7,897.84. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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

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

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Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

Annual Interest Rate (when case was filed) \_\_\_\_\_%

- Fixed  
 Variable

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

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

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

No

Yes. Check one:

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

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

Amount entitled to priority

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

Up to \$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).

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

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).

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

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

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

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

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

Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies.

\$ 3,156.00

\* 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.

**Part 3: Sign Below**

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

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

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

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

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

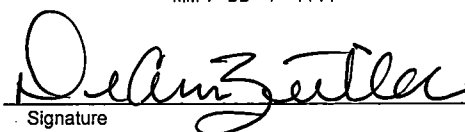
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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

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

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

Executed on date 05/08/2024  
MM / DD / YYYY

  
Signature

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

Name DeAnn Zeitler  
First name Middle name Last name

Title AR Specialist

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

Address 12575 Uline Drive  
Number Street

Pleasant Prairie WI 53158  
City State ZIP Code

Contact phone 888-884-6910 Email arbankruptcy@uline.com

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<b>Cust#</b>	<b>Invoice#</b>	<b>Invoice Date</b>	<b>Due</b>
12654919	174704185	2/21/2024	\$ 905.36
12654919	175423138	3/8/2024	\$1,398.05
12654919	175842209	3/19/2024	\$ 444.82
12654919	175960182	3/21/2024	\$ 86.14
12654919	176339879	4/1/2024	\$ 241.92
12654919	176513181	4/4/2024	\$ 603.43
12654919	176718113	4/10/2024	\$1,062.12
12654919	177039933	4/17/2024	\$ 786.73
12654919	177403096	4/25/2024	\$1,808.45
12654919	177517472	4/29/2024	\$ 500.90
12654919	177558333	4/30/2024	\$ 59.92
	<b>Total Priority</b>		<b>\$3,156.00</b>
	<b>Total GUC</b>		<b>\$4,741.84</b>
	<b>Total</b>		<b>\$7,897.84</b>

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 174704185

ORDER #: 13635101

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	DEPENDABLE	02/21/24	02/21/24	NET 30 DAYS	02/21/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
24	EA		S-13390C	ICE WRAPAROUNDS - CLEAR	2.25	54.00
10	CT		S-682	6 X 8 1/2" SELF-SEAL BUBBLE BAGS	43.25	432.50
36	RL		S-5736	ECONOMY STRAPPING TAPE - 1" X 60 YDS	3.31	119.16
1	EA		H-108	METAL TAPE DISPENSER - 1" THIS ITEM AT NO CHARGE	.00	.00
1	CT		S-7726	ULINE FACIAL TISSUE	42.00	42.00
36	EA		S-12699BL	COMFORT-GRIP MARKERS - BLACK	.55	19.80
1	CT		S-1302	4 X 6" 4 MIL RECLOSABLE BAGS	46.00	46.00
3	EA		H-2312-BLADE	EXTRA BLADE FOR 3M SINGLE ROLL OR DEFINITE LENGTH TAPE DISPENSERS	14.80	44.40
1	EA		S-25517W	STANLEY® H2.0 QUENCHER - FOG THIS ITEM AT NO CHARGE	.00	.00

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET PRO #: 991993669

SUB-TOTAL  
757.86

SALES TAX  
77.83

SHIPPING/HANDLING  
69.67

AMOUNT DUE  
\$ 905.36

PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	174704185	02/21/24	905.36

AMOUNT ENCLOSED  
IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_  
EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK  
PAYABLE AND  
MAIL TO:

**ULINE**  
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PORTION TO ENSURE PROPER CREDIT

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 175423138

ORDER #: 15539705

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	DEPENDABLE	03/08/24	03/08/24	NET 30 DAYS	03/08/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
12	EA		S-3887	HEAVY DUTY STORAGE FILE BOXES - 15 X 12 X 10"	5.05	60.60
4	CT		S-17474	70% ISOPROPYL ALCOHOL - 1 GALLON BOTTLE	65.50	262.00
4	CT		S-18119	ULINE SHOP TOWEL ROLLS	33.00	132.00
8	RL		S-12881	AIR PILLOW FILM FOR MINI PAK'R™ - 8 X 4"	91.50	732.00
1	EA		S-25616	LIGHTED TRAVEL MIRROR THIS ITEM AT NO CHARGE	.00	.00

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET PRO #: 991997102

SUB-TOTAL  
1,186.60

SALES TAX  
121.78

SHIPPING/HANDLING  
89.67

AMOUNT DUE  
\$ 1,398.05

PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	175423138	03/08/24	1,398.05

AMOUNT ENCLOSED

IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK  
PAYABLE AND  
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DUPLICATE  
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ULINE FED ID#: 36-3684738

INVOICE #: 175842209

ORDER #: 16103504

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

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PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	PARCEL	03/19/24	03/19/24	NET 30 DAYS	03/19/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
2	CT		S-7127	ULINE DELUXE MULTI-FOLD TOWELS	38.00	76.00
2	BX		S-15810	#64 LATEX FREE RUBBER BANDS - 3 1/2 X 1/4"	10.35	20.70
36	EA		S-12699BL	COMFORT-GRIP MARKERS - BLACK	.55	19.80
42	BX		S-24023BLU	DISPOSABLE FACE MASKS - BLUE	3.72	156.24
1	PK		H-2650	2-ROLL TAPE STARTER PACK - 2" X 55 YDS THIS ITEM AT NO CHARGE	.00	.00
1	CT		S-18741	RUBBERMAID® CONTINUOUS AIR FRESHENER CARTRIDGE - CITRUS	89.00	89.00

ORDER PLACED BY: RAYNEE DAVILA  
INTERNETSUB-TOTAL  
361.74SALES TAX  
37.23SHIPPING/HANDLING  
45.85AMOUNT DUE  
\$ 444.82

PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	175842209	03/19/24	444.82

AMOUNT ENCLOSED

IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 175960182

ORDER #: 16262875

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**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	PARCEL	03/21/24	03/21/24	NET 30 DAYS	03/21/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
12	EA		S-3887	HEAVY DUTY STORAGE FILE BOXES - 15 X 12 X 10"	5.05	60.60

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET

SUB-TOTAL  
60.60

SALES TAX  
6.37

SHIPPING/HANDLING  
19.17

AMOUNT DUE  
\$ 86.14

PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	175960182	03/21/24	86.14

AMOUNT ENCLOSED

IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

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1265491901759601822403210000086144

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 176339879

ORDER #: 16748945

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	PARCEL	04/01/24	04/01/24	NET 30 DAYS	04/01/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
20	BX		S-14179S	ULINE INDUSTRIAL NITRILE GLOVES - POWDER-FREE, 4 MIL, SMALL	10.00	200.00

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET

SUB-TOTAL  
200.00

SALES TAX  
20.65

SHIPPING/HANDLING  
21.27

AMOUNT DUE  
\$ 241.92

PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	176339879	04/01/24	241.92

AMOUNT ENCLOSED

IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

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1265491901763398792404010000241923

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 176513181

ORDER #: 16028203

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	UPS GROUND	04/04/24	04/04/24	NET 30 DAYS	04/04/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
4	CT		S-17474	70% ISOPROPYL ALCOHOL - 1 GALLON BOTTLE	65.50	262.00

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET

SUB-TOTAL  
262.00

SALES TAX  
27.01

SHIPPING/HANDLING  
314.42

AMOUNT DUE  
\$ 603.43

PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	176513181	04/04/24	603.43

AMOUNT ENCLOSED

IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK  
PAYABLE AND  
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1265491901765131812404040000603431

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 176718113

ORDER #: 16192060

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	#RAYNEE	DEPENDABLE	04/08/24	04/10/24	NET 30 DAYS	04/10/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
6	CT		S-2350	ULINE INDUSTRIAL REINFORCED KRAFT TAPE - 3" X 375'	77.00	462.00
10	CT		S-682	6 X 8 1/2" SELF-SEAL BUBBLE BAGS	43.25	432.50

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET PRO #: 992003799

SUB-TOTAL  
894.50

SALES TAX  
91.84

SHIPPING/HANDLING  
75.78

AMOUNT DUE  
\$ 1,062.12

PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	176718113	04/10/24	1,062.12

AMOUNT ENCLOSED

IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK  
PAYABLE AND  
MAIL TO:

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ATTN: ACCOUNTS RECEIVABLE  
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1265491901767181132404100001062128

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 177039933

ORDER #: 16870512

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES    **SHIP TO:** PROSOMNUS SLEEP TECH  
 5860 W LAS POSITAS BLVD STE 25                      5675 GIBRALTAR DR  
 PLEASANTON CA 94588-8557                              PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	PARCEL	04/17/24	04/17/24	NET 30 DAYS	04/17/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
4	PK		H-191	12" SERVICE KIT FOR H-190 TABLETOP IMPULSE SEALER	22.00	88.00
20	BX		S-14179S	ULINE INDUSTRIAL NITRILE GLOVES - POWDER-FREE, 4 MIL, SMALL	7.85	157.00
30	BX		S-14179M	ULINE INDUSTRIAL NITRILE GLOVES - POWDER-FREE, 4 MIL, MEDIUM	7.85	235.50
12	EA		S-17462R	SHARPIE® CHINA MARKERS - RED	1.20	14.40
4	CT		S-18119	ULINE SHOP TOWEL ROLLS	33.00	132.00
1	EA		S-23928CAMO	HANDY HAMMOCK - CAMO THIS ITEM AT NO CHARGE	.00	.00

ORDER PLACED BY: RAYNEE DAVILA  
INTERNETSUB-TOTAL  
626.90SALES TAX  
64.41SHIPPING/HANDLING  
95.42AMOUNT DUE  
\$ 786.73PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	177039933	04/17/24	786.73

AMOUNT ENCLOSED

IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK  
PAYABLE AND  
MAIL TO:

**ULINE**  
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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 177403096

ORDER #: 18193494

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	DEPENDABLE	04/25/24	04/25/24	NET 30 DAYS	04/25/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
50	EA		S-3125	KRAFT MAILING TUBES WITH END CAPS - 2 X 20", .060" THICK	1.25	62.50
1	CT		H-1205WH-C	POLYURETHANE CASTERS FOR WIRE SHELVING UNITS - SET OF 4, CHROME	75.00	75.00
1	KT		H-2937-34C	TWO-SHELF WIRE SHELVING UNIT - 48 X 12 X 34", CHROME	95.00	95.00
2	KT		H-4258	CHROME MOBILE SHELVING - 60 X 24 X 78"	330.00	660.00
30	BX		S-14179M	ULINE INDUSTRIAL NITRILE GLOVES - POWDER-FREE, 4 MIL, MEDIUM	7.85	235.50
20	BX		S-14179S	ULINE INDUSTRIAL NITRILE GLOVES - POWDER-FREE, 4 MIL, SMALL	7.85	157.00
4	CT		S-17474	70% ISOPROPYL ALCOHOL - 1 GALLON BOTTLE	65.50	262.00
1	EA		H-6111CAMO	BUSHNELL® BINOCULARS - CAMOUFLAGE THIS ITEM AT NO CHARGE	.00	.00

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET PRO #: 992060877

SUB-TOTAL  
1,547.00

SALES TAX  
158.72

SHIPPING/HANDLING  
102.73

AMOUNT DUE  
\$ 1,808.45

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INVOICE NUMBER  
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US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	177403096	04/25/24	1,808.45

AMOUNT ENCLOSED

IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

IMPORTANT – PLEASE DETACH AND RETURN THIS  
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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 177517472

ORDER #: 18354765

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919	RAYNEE	DEPENDABLE	04/29/24	04/29/24	NET 30 DAYS	04/29/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
2	EA		S-10757NAT	PLASTIC DRUM - 55 GALLON, CLOSED TOP, NATURAL	95.00	190.00
1	EA		S-9945I	CLOSURE INSTRUCTIONS FOR PLASTIC DRUMS THIS ITEM AT NO CHARGE	.00	.00
1	CT		S-1712	6 X 9" 4 MIL RECLOSABLE BAGS	76.00	76.00
1	CT		S-1692	3 X 3" 2 MIL RECLOSABLE BAGS	25.00	25.00
1	CT		S-1302	4 X 6" 4 MIL RECLOSABLE BAGS	46.00	46.00
24	EA		S-13390C	ICE WRAPAROUNDS - CLEAR	2.25	54.00

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET PRO #: 992061488

SUB-TOTAL  
391.00

SALES TAX  
40.23

SHIPPING/HANDLING  
69.67

AMOUNT DUE  
\$ 500.90

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INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	177517472	04/29/24	500.90

AMOUNT ENCLOSED  
IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_

EXPLAIN DIFFERENCES ON REVERSE SIDE

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DUPLICATE  
**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 177558333

ORDER #: 17690262

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2016

**SOLD TO:** PROSOMNUS SLEEP TECHNOLOGIES  
5860 W LAS POSITAS BLVD STE 25  
PLEASANTON CA 94588-8557

**SHIP TO:** PROSOMNUS SLEEP TECH  
5675 GIBRALTAR DR  
PLEASANTON CA 94588-8547

CUSTOMER NO.		PURCHASE ORDER NO.		SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
12654919		RAYNEE		PARCEL	04/30/24	04/30/24	NET 30 DAYS	04/30/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION		UNIT PRICE	EXTENDED PRICE	
1	BX		S-10432	ULINE REMOVABLE LASER LABELS - WHITE, 1 3/4 X 1/2"		41.00	41.00	

ORDER PLACED BY: RAYNEE DAVILA  
INTERNET

SUB-TOTAL  
41.00

SALES TAX  
4.36

SHIPPING/HANDLING  
14.56

AMOUNT DUE  
\$ 59.92

PLEASE PAY FROM  
THIS INVOICE  
REFER TO THIS  
INVOICE NUMBER  
WHEN CONTACTING  
US REGARDING  
THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PROSOMNUS SLEEP TECHNOLOGIES	12654919	177558333	04/30/24	59.92

AMOUNT ENCLOSED  
IF DIFFERENT THAN AMOUNT DUE \$ \_\_\_\_\_  
EXPLAIN DIFFERENCES ON REVERSE SIDE

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