

Fill in this information to identify the case:

Debtor 1 TETUM CARE SERVICES, INC.

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the Southern District of TEXAS

Case number 23-90086

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?

AIR GAS USA LLC
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?

<p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>AIR GAS USA LLC</u> Name <u>2015 Vaughn Rd NW Suite 400</u> Number Street <u>Kennesaw GA 30144</u> City State ZIP Code Contact phone <u>678-903-7784</u> Contact email <u>Kesh.Bisher@AIRGAS.COM</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email</p>
--	---	--

RECEIVED

JUN 01 2023

KURTZMAN CARSON CONSULTANTS

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: 1153

7. How much is the claim? \$ 405.66 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.
Rent, Product, Loss of use

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____

Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____
Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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

Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

RECEIVED
JUN 01 2023
KURTZMAN CARSON CONSULTANTS

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:

Amount entitled to priority

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

\$ _____

Up to \$3,350* 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)() that applies.

\$ _____

* 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).

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.

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

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.

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.

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

5/31/2023
MM / DD / YYYY


Signature

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

Name Keith Fisher
First name Middle name Last name

Title Bankruptcy Specialist

Company AIR GAS USA LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2015 Vaughn Rd NW Suite 400
Number Street

Kennesaw GA 30144
City State ZIP Code

Contact phone 678-903-7784 Email Keith.Fisher@AirGas.com

RECEIVED

JUN 01 2023

KURTZMAN CARSON CONSULTANTS

DEBIT MEMO



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

06

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
04/28/2021	1711153	9800750803	05/28/2021	\$ 366.00


Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today

SOLD BY AIRGAS USA, LLC (S189)
15401 MCMULLEN HWY SW
CUMBERLAND MD 21502-6200
301-722-6290

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
103 POWELL CT STE 104
BRENTWOOD TN 37027-5079


AIRGAS USA, LLC
PO BOX 734672
DALLAS TX 75373-4672

17111531980075080300000366008

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

ORDER NO.	INVOICE NO.	INVOICE DATE	SOLD TO NO.	SOLD TO NAME					
7082091453	9800750803	04/28/2021	1711153	CORIZON HEALTH INC					
PO / RELEASE	ORDERED BY	SHIP VIA	PAYMENT TERMS	ORDER DATE					
LOSS OF USE			NET 30	04/28/2021					
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	UOM	QTY B/O	CYLINDER SHP'D	RET'D	UNIT PRICE	UOM	AMOUNT
7082091453 CYL OXYGEN USP MEDICAL PURE 200 LOSS OF USE	CY-OX USP200	1	CL	540			300.00	CL	300.00 N
7082091453 CYL OXYGEN USP DA MED CGA 870 LOSS OF USE	CY-OX USPDA	1	CL				66.00	CL	66.00 N
Sale subtotal:									366.00



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 3919175
CORIZON HEALTH INC
WESTERN CORRECTIONAL INSTITUTION
13800 MCMULLEN HWY SW
CUMBERLAND MD 21502-5622

AMOUNT 366.00

FOR WIRE TRANSFER PAYMENTS
AIRGAS USA, LLC
Acct No. 550372244
JPMC Bank, ABA No 021000021

For change of address
email to: sdiv_adrss@airgas.com
or call 678-903-7716



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

STANDARD INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
04/21/2022	1711153	9125026129	05/21/2022	\$ 128.90

SOLD BY AIRGAS USA, LLC (SO37)
40591 US HIGHWAY 280
SYLACAUGA AL 35150-6813
256-249-3824

Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today

For all information about returns, please visit us online at Airgas.com/terms-of-sale.



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
103 POWELL CT STE 104
BRENTWOOD TN 37027-5079

AIRGAS USA, LLC
PO BOX 734672
DALLAS TX 75373-4672

17111531912502612900000128902

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

ORDER NO.	INVOICE NO.	INVOICE DATE	SOLD TO NO.	SOLD TO NAME					
1109675975	9125026129	04/21/2022	1711153	CORIZON HEALTH INC					
PO/RELEASE		ORDERED BY		SHIP VIA		PAYMENT TERMS		ORDER DATE	
				ARGTRK		NET 30		04/19/2022	
DELIVERY NO. / DESCRIPTION	MATERIAL NUMBER	QTY SHIP'D	UOM	QTY B/O	CYLINDER		UNIT PRICE	UOM	AMOUNT
					SHPD	RETD			
8120620053 OX USPDA OXYGEN USP DA MED CGA 870 (Vol: 30 FT3)		2	CL	2	2		15.08	CL	30.16 T
8120620053 OX USPEA OXYGEN USP MEDICAL PURE EA CGA 870 (Vol: 48 FT3)		2	CL	2	2		15.81	CL	31.62 T
Delivery Flat Fee								Sale subtotal:	61.78
									58.69
								Sales Tax:	8.43
								AMOUNT	128.90



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 3583515
CHILDERSBURG WORK RELEASE CENTER
CORIZON HEALTH
13501 PLANT RD
ALPINE AL 35014-6675

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 550372244
JPMC Bank, ABA No 021000021

For change of address
email to: sdiv_adrss@airgas.com



an Air Liquide company

DELIVERY ORDER

FOR LOCATION NEAREST YOU
VISIT WWW.AIRGAS.COM

SHIPPER:
AIRGAS USA, LLC
40591 US HIGHWAY 280
SYLACAUGA, AL 35150-6813
256-249-3824

SOLD BY:
AIRGAS USA, LLC
40591 US HIGHWAY 280
SYLACAUGA, AL 35150-6813
256-249-3824

DELIVERY ORDER # 8120620053
PAGE 1 OF 1
ORDER DATE: 04/19/2022
SCH SHIP DATE: 04/21/2022
PRINTED: 16:32 04/21/2022
SALES ORDER: 1109675975
SHIPMENT: 7002671

SHIP TO: 3583515
CHILDERSBURG WORK RELEASE CENTER
CORIZON HEALTH
13501 PLANT RD
ALPINE, AL 35014-6675
800-729-0069

SOLD TO: 1711153
CORIZON HEALTH INC
103 POWELL CT STE 104
BRENTWOOD, TN 37027-5079

CUST PO #
RELEASE #
ORD BY
ENT BY STACSTROUD

Order Type	Payment Terms	Incoterm	Route	Sales Office	Plant	Sales Org	Total Containers Ship	Total Containers Return
Standard Order	NET 30	Airgas Truck	Airgas Truck	SO37	SO37	SO00		

Qty Ship	UOM Type	HM	Description & Hazard Class	Qty Order	Container Ship	Ret	Vol /Wt
2	CL	X	UN1072 OXYGEN, COMPRESSED 2.2, (5.1) Line# 10 Material# OX USPPA Stor. Loc. F001 OXYGEN USP SIZE DA CGA 870	2	2	2	30 SCF 13.284 LB
2	CL	X	UN1072 OXYGEN, COMPRESSED 2.2, (5.1) Line# 20 Material# OX USPEA Stor. Loc. F001 OXYGEN USP SIZE EA CGA 870	2	2	2	48 SCF 19.572 LB

EMERGENCY CONTACT: 1-866-734-3438
PURCHASER AGREES TO OBTAIN SAFETY DATA SHEETS (SDS) FROM ONE OF THE FOLLOWING SOURCES: POINT OF PURCHASE, AIRGAS WEB SITE AT <WWW.AIRGAS.COM> OR BY CALLING THE ABOVE LISTED EMERGENCY CONTACT PHONE NUMBER AND SELECTING OPTION #3

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

PLACARDS OFFERED

ACCEPT REJECT

CUSTOMER MUST INITIAL CHOICE

THIS AGREEMENT IS SUBJECT TO AIRGAS' STANDARD TERMS AND CONDITIONS SEE REVERSE SIDE FOR IMPORTANT SAFETY INFORMATION.

ACCEPTED FOR THE ABOVE CUSTOMER



NAME
PLEASE PRINT

AIRGAS PERSONNEL _____ DATE _____ T.O.D. _____

INTERNAL USE ONLY

Filled By	Staging Area	Total PKGS	Tracking / Pro Number	Freight Charges	Total Weight*
					33 LB



*Total weight for materials with weight displayed only

Delivery # 8120620053



AIRGAS

AN AIR LIQUIDE COMPANY

PRINTED: 04/21/2022 13:30 CDT

CONTACT: 256-249-3824

SHIPPER: SO37

AIRGAS USA, LLC

40591 US HIGHWAY 280

SYLACAUGA, AL 35150-6813 US

256-249-3824

SOLD-BY: SO37

AIRGAS USA, LLC

40591 US HIGHWAY 280

SYLACAUGA, AL 35150-6813 US

256-249-3824

DELIVERY ORDER

DOCUMENT: 8120620053

SHIP-TO: 3583515

CHILDERSBURG WORK RELEASE CENTER

CORIZON HEALTH

13501 PLANT RD

ALPINE, AL 35014-6675 US

800-729-0069

ORDER: 1109675975

** ** ** ** **

LINE: 10

MATL: OX USPDA

OXYGEN USP SIZE DA CGA 870

ORD QTY: 2 CL

SHIPPED: 2 CL

RETURNED: 2 CL

** ** ** ** * * * * *

LINE: 20

MATL: OX USPEA

OXYGEN USP SIZE EA CGA 870

ORD QTY: 2 CL

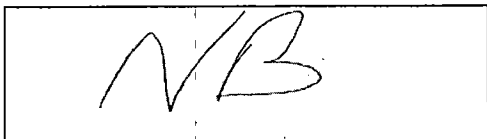
SHIPPED: 2 CL

RETURNED: 2 CL

** ** ** ** * * * * *

Completed at: 04/21/2022 13:30 CDT

DRIVER: NUKEARRIAL BROWN





AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
12/31/2021	1711153	9985123540	01/30/2022	\$ 16.64


SOLD BY AIRGAS USA, LLC
 3986 BIRMINGHAM HWY
 MONTGOMERY AL 36108-1432
 334-264-6431

Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
 103 POWELL CT STE 104
 BRENTWOOD TN 37027-5079


 AIRGAS USA, LLC
 PO BOX 734672
 DALLAS TX 75373-4672

17111531998512354000000016642

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
9985123540	1711153	3583518	12/31/2021	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	0	1	0	0	1	0	1	32	\$0.52/DAY	\$16.64 N
CY-OX USPEA - CYL OXYGEN USP MEDICAL PURE EA CGA	0	1	0	0	1					
8116187588 - 11/30/2021		1	0	0						
	0	1	0	0	1					\$16.64

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 16.64

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
 Acct No. 550372244
 JPMC Bank, ABA No 021000021



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

SHIP TO: 3583518
 MONTGOMERY WOMENS CENTER
 CORIZON HEALTH
 12085 WARES FERRY RD
 MONTGOMERY AL 36117-6513

For change of address
 email to: sdiv_adrss@airgas.com
 or call 678-903-7716



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
01/31/2022	1711153	9985856107	03/02/2022	\$ 16.12


SOLD BY AIRGAS USA, LLC
3986 BIRMINGHAM HWY
MONTGOMERY AL 36108-1432
334-264-6431

Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
103 POWELL CT STE 104
BRENTWOOD TN 37027-5079


AIRGAS USA, LLC
PO BOX 734672
DALLAS TX 75373-4672

17111531998585610700000016123

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
9985856107	1711153	3583518	01/31/2022	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	1	0	0	0	1	0	1	31	\$0.52/DAY	\$16.12 N
CY-OX USPEA - CYL OXYGEN USP MEDICAL PURE EA CGA	1	0	0	0	1					
	1	0	0	0	1					\$16.12

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 16.12

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
Acct No. 550372244
JPMC Bank, ABA No 021000021



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 3583518
MONTGOMERY WOMENS CENTER
CORIZON HEALTH
12085 WARES FERRY RD
MONTGOMERY AL 36117-6513

For change of address
email to: sdiv_adrss@airgas.com
or call 678-903-7716



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
02/28/2022	1711153	9986582370	03/30/2022	\$ 14.56


SOLD BY AIRGAS USA, LLC
 3986 BIRMINGHAM HWY
 MONTGOMERY AL 36108-1432
 334-264-6431

Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
 103 POWELL CT STE 104
 BRENTWOOD TN 37027-5079


 AIRGAS USA, LLC
 PO BOX 734672
 DALLAS TX 75373-4672

17111531998658237000000014567

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
9986582370	1711153	3583518	02/28/2022	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE

RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	1	0	0	0	1	0	1	28	\$0.52/DAY	\$14.56 N
CY-OX USPEA - CYL OXYGEN USP MEDICAL PURE EA CGA	1	0	0	0	1					
	1	0	0	0	1					\$14.56

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 14.56

FOR WIRE TRANSFER PAYMENTS

AIRGAS USA, LLC
 Acct No. 550372244
 JPMC Bank, ABA No 021000021



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

SHIP TO: 3583518
 MONTGOMERY WOMENS CENTER
 CORIZON HEALTH
 12085 WARES FERRY RD
 MONTGOMERY AL 36117-6513

For change of address
 email to: sddiv_adrss@airgas.com
 or call 678-903-7716



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
03/31/2022	1711153	9987292834	04/30/2022	\$ 16.12


SOLD BY AIRGAS USA, LLC
 3986 BIRMINGHAM HWY
 MONTGOMERY AL 36108-1432
 334-264-6431

Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today.

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
 103 POWELL CT STE 104
 BRENTWOOD TN 37027-5079


 AIRGAS USA, LLC
 PO BOX 734672
 DALLAS TX 75373-4672

17111531998729283400000016120

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
9987292834	1711153	3583518	03/31/2022	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	1	0	0	0	1	0	1	31	\$0.52/DAY	\$16.12 N
CY-OX USPEA - CYL OXYGEN USP MEDICAL PURE EA CGA	1	0	0	0	1					\$16.12
=====										
	1	0	0	0	1					\$16.12
=====										

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 16.12

FOR WIRE TRANSFER PAYMENTS
 AIRGAS USA, LLC
 Acct No. 550372244
 JPMC Bank, ABA No 021000021



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

SHIP TO: 3583518
 MONTGOMERY WOMENS CENTER
 CORIZON HEALTH
 12085 WARES FERRY RD
 MONTGOMERY AL 36117-6513

For change of address
 email to: sdiv_adrss@airgas.com
 or call 678-903-7716



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
04/30/2022	1711153	9988014506	05/30/2022	\$ 15.60

SOLD BY AIRGAS USA, LLC
 3986 BIRMINGHAM HWY
 MONTGOMERY AL 36108-1432
 334-264-6431

Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
 103 POWELL CT STE 104
 BRENTWOOD TN 37027-5079

AIRGAS USA, LLC
 PO BOX 734672
 DALLAS TX 75373-4672

17111531998801450600000015600

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
9988014506	1711153	3583518	04/30/2022	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	1	0	0	0	1	0	1	30	\$0.52/DAY	\$15.60 N
CY-OX USPEA - CYL OXYGEN USP MEDICAL PURE EA CGA	1	0	0	0	1					\$15.60
=====										\$15.60
=====										

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 15.60

FOR WIRE TRANSFER PAYMENTS.

AIRGAS USA, LLC
 Acct No. 550372244
 JPMC Bank, ABA No 021000021



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

SHIP TO: 3583518
 MONTGOMERY WOMENS CENTER
 CORIZON HEALTH
 12085 WARES FERRY RD
 MONTGOMERY AL 36117-6513

For change of address
 email to: sdiv_adrss@airgas.com
 or call 678-903-7716



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
05/31/2022	1711153	9988728517	06/30/2022	\$ 16.12

SOLD BY AIRGAS USA, LLC
 3986 BIRMINGHAM HWY
 MONTGOMERY AL 36108-1432
 334-264-6431

Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
 103 POWELL CT STE 104
 BRENTWOOD TN 37027-5079

AIRGAS USA, LLC
 PO BOX 734672
 DALLAS TX 75373-4672

17111531998872851700000016123

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
9988728517	1711153	3583518	05/31/2022	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	1	0	0	0	1	0	1	31	\$0.52/DAY	\$16.12 N
CY-OX USPEA - CYL OXYGEN USP MEDICAL PURE EA CGA	1	0	0	0	1					\$16.12

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 16.12

FOR WIRE TRANSFER PAYMENTS
 AIRGAS USA, LLC
 Acct No. 550372244
 JPMC Bank, ABA No 021000021



AIRGAS USA, LLC
 PO Box 9249
 Marietta, GA 30065-2249

SHIP TO: 3583518
 MONTGOMERY WOMENS CENTER
 CORIZON HEALTH
 12085 WARES FERRY RD
 MONTGOMERY AL 36117-6513

For change of address
 email to: sdiv_adrss@airgas.com
 or call 678-903-7716



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
06/30/2022	1711153	9989453029	07/30/2022	\$ 15.60

SOLD BY AIRGAS USA, LLC
3986 BIRMINGHAM HWY
MONTGOMERY AL 36108-1432
334-264-6431


Manage Your Account Online 24/7

Access order history, view cylinder balances, get proofs of delivery, pay invoices and more -- visit Airgas.com today



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

BILL TO CORIZON HEALTH INC
103 POWELL CT STE 104
BRENTWOOD TN 37027-5079


AIRGAS USA, LLC
PO BOX 734672
DALLAS TX 75373-4672

17111531998945302900000015609

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-727-0693

INVOICE NO.	SOLD TO NUMBER	SHIP TO	INVOICE DATE	RENTAL PURCHASE ORDER NO.	TERMS					
9989453029	1711153	3583518	06/30/2022	RENT	NET 30					
MATERIAL / DESCRIPTION DOCUMENT / DATE	BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLMXS-OX - Rent Cyl Med Xs Oxygen	1	0	0	0	1	0	1	30	\$0.52/DAY	\$15.60 N
CY-OX USPEA - CYL OXYGEN USP MEDICAL PURE EA CGA	1	0	0	0	1					
	1	0	0	0	1					\$15.60

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

Rental Period
From: 06/01/2022 To: 06/30/2022

Important. See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 15.60

FOR WIRE TRANSFER PAYMENTS
AIRGAS USA, LLC
Acct No. 550372244
JPMC Bank, ABA No 021000021



AIRGAS USA, LLC
PO Box 9249
Marietta, GA 30065-2249

SHIP TO: 3583518
MONTGOMERY WOMENS CENTER
CORIZON HEALTH
12085 WARES FERRY RD
MONTGOMERY AL 36117-6513

For change of address
email to: sdiv_adrss@airgas.com
or call 678-903-7716