[redacted]

JULIE E YORK, MD, PC

OR Sec of State
06/23/2015

90489786_5946102

Lien#: 90489786

UCC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone: (800) 331-3282 Fax: (818) 662-4141

B. E-MAIL CONTACT AT FILER (optional)
CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8644 - JPMORGAN

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

48554467
OROR

File with: Secretary of State, OR

06/23/2015 9:55AM 000001 #3102
0010
UCC $15.00
CHECK $15.00

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
Julie E York, MD, PC

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
875 Oak St Se Ste 5085	Salem	OR	97301	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, ~~modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's~~ name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
JPMorgan Chase Bank, NA

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P. O. Box 6026, IL1-0054	Chicago	IL	60680	USA

4. COLLATERAL: This financing statement covers the following collateral:
Exhibit A; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
48554467 0000471662 Julie E York, MD, PC

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

Cardinal Health

EXHIBIT A

Invoice Copy

Print

Not Original Invoice, this is a rendering of your original invoice to be used for your records only.

Sold-To #:	0011119230	Invoice #:	7038807735
Sold-To Name:	OREGON SPECIALIST SURGERY CENTER	Invoice Date:	02/02/2015 11:01 PM ET
Sold To Address:	2785 RIVER RD S OR 97302-9754		

Ship-To #:	0011119230	Order #:	G001459468
Ship-To Name:	OREGON SPECIALIST SURGERY CENTER	Order Date:	02/01/2015 4:40 PM ET
Ship To Address:	2785 RIVER RD S SALEM OR 97302-9754	PO #:	1011
		Order Method:	Web Order Medical

Medical/Lab Products

	MATERIAL #	DESCRIPTION	UOM	QTY ORDERED	QTY SHIPPED	TAX	UNIT PRICE	EXTENDED PRICE	SHIPPING DETAILS
1	S160-2FG	LIGHT HANDLE COVER, FLEXIBLE, GREEN	BX	2	2	$0.00	$14.30	$28.60	
2	01-0901C	IV START TD 24 ALC 072	CS	1	1	$0.00	$69.00	$69.00	
3	P5I108-101	PILLOW REUSABLE 20INX26IN ZOO2 BLUE	CS	1	1	$0.00	$53.89	$53.89	
4	88TT23L	GLV EXAM FLEXAL FEEL NITRILE PF L	CS	2	2	$0.00	$99.50	$199.00	
5	13A7799C	BLANK KIT (99B)647	CS	4	4	$0.00	$187.80	$751.20	
6	13-7799E	ESI KIT (99D)647	CS	4	4	$0.00	$345.60	$1,382.40	
7	13A6077E	TFESI KIT (77D)647	CS	LS	12	$0.00	$300.00	$4,500.00	
8	88TT22M	GLV EXAM FLEXAL FEEL NITRILE PF M	CS	3	3	$0.00	$99.50	$298.50	
9	88TT21S	GLV EXAM FLEXAL FEEL NITRILE PF S	CS	3	3	$0.00	$99.50	$298.50	
10	13B7799C	MBB KIT (99B)647	CS	4	4	$0.00	$297.90	$1,191.60	
11	FP-UN1	ULNAR NERVE CONVOLUTED FOAM POSTIONER WI	CS	1	1	$0.00	$81.00	$81.00	
12	75-990-000	BAG SPONGE COUNTER BLUE BACK	BX	1	1	$0.00	$22.80	$22.80	
13	9545	GOWN STER XLRG W/TOWEL	CS	2	2	$0.00	$55.48	$110.96	
14	29436	DRAPE MINOR PROCEDURE	CS	1	1	$0.00	$56.38	$56.38	
15	D1000	TOWEL DRAPESMALL	CS	1	1	$0.00	$10.15	$10.15	
16	D1092	DRAPE MINOR PROCEDURE	BX	1	1	$0.00	$46.14	$46.14	
17	352049	IV SET ADMIN WITH ULTRASITE Y VALVE	CS	1	1	$0.00	$123.50	$123.50	

18	2D73EB70	GLOVE SURGICAL PROTEXIS PI BLUE	BX	1	1	$0.00	$74.00	$74.00
19	59352	TOP/BAR SHEET 10/CS	CS	1	1	$0.00	$65.70	$65.70
20	599	SLEEVE STERILE	BX	1	1	$0.00	$18.00	$18.00
21	7553	TOWEL UTIL N/ABSORB 15" X 26" ADH 2/PK	PK	10	10	$0.00	$0.92	$9.20
22	52085-200	SURG PREP MITT KIT DISP	BX	1	1	$0.00	$24.00	$24.00
23	2D73EB80	GLOVE SURGICAL PROTEXIS PI BLUE	BX	1	1	$0.00	$74.00	$74.00
24	2D73EB65	GLOVE SURGICAL PROTEXIS PI BLUE	BX	1	1	$0.00	$74.00	$74.00
25	2THCL04	TAPE SOFT CLOTH HIGH ADHESION 4IN X 10YD	CS	1	1	$0.00	$76.14	$76.14

Merchandise sub-total
$8,738.66

Send Inquiries to: (No Checks)

Cardinal Health
Healthcare Supply Chain Services - Medical
P.O. Box 95600
Albuquerque, NM 87100
877-254-2738

Net 30 days from invoice date
Past Due balances are subject to a late payment charge.

The price shown on the invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts to Medicare, Medicaid or other state health care programs.

---Invoice Totals---

Merchandise sub-total $8,738.66
Shipping & Handling $0.74
State Tax $0.00
Local Tax $0.00
Min Order Charge $0.00
Total Due $8,739.40

Not Original Invoice
This is a copy of your original invoice to be used for your records only.

Amt. paid by Customer $8,739.40

McKESSON
Empowering Healthcare

McKesson Medical-Surgical
8741 Landmark Road
Richmond, VA 23228

Invoice

Shipped From:
MCKESSON MEDICAL-SURGICAL INC (AUBURN)
SEATTLE 083
2530 B STREET, NW STE 101A
AUBURN WA 98001

Bill To: 54343750

OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302-5883

District License: W1-0001760

Ship To: 54343755
OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302

Regulatory License: MD26552

Payment / Account Balance Inquiries Phone: 1-800-766-4633
Customer Service Phone: 1-800-366-8990

Sales Order Number	**43475010**	**Invoice Number**	**53127155**
Sales Order Date	**02/01/15**	**Invoice Date**	**02/02/15**
PO Number	**1009**	**Payment Due Date**	**03/04/15**
Sales Rep Name	**ALBISTON, DERRICK M**	**Invoice Amount**	**$4,118.20**

Invoice Detail

Notes: See back for Terms and Conditions.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
294975	Vendor: PRFDIS Vend Cat: M233XT	WIPE, BABY NICE&CLEAN UNSCNTD PO LN: 1	2	CA	2	32.40	64.80	0.00
186661	Vendor: BBRAUN NDC Num: & 00264760010	SOD CHL IVSOL PVC DEHP FREE 0 PO LN: 3	3	CA	3	50.24	150.72	0.00
491269	Vendor: MGM19 Vend Cat: 19-322160	RESERVOIR, WND EVAC SIL CNTRL PO LN: 5	10	EA	10	5.33	53.30	0.00
786759	Vendor: ETHCON Vend Cat: DNX12	ADHESIVE, SKIN DERMABOND ADV (PO LN: 6	2	BX	2	306.99	613.98	0.00
345967	Vendor: BD Vend Cat: 381512	CATHETER, INSYTE WNGD 24GX.75" PO LN: 7	2	CA	2	329.10	658.20	0.00
345966	Vendor: BD Vend Cat: 381523	CATHETER, INSYTE WNGD 22GX1" (PO LN: 8	2	CA	2	329.10	658.20	0.00
240844	Vendor: TELFLX Vend Cat: 200104	SPONGE, X-RAY STR 1/2"X3" (10/ PO LN: 9	1	BX	1	150.06	150.06	0.00

McKESSON
Empowering Healthcare
McKesson Medical-Surgical
8741 Landmark Road
Richmond, VA 23228

Invoice

Account Number	**54343750**
Invoice Number	**53127155**
Invoice Date	**02/02/15**
Payment Due Date	**03/04/15**
Invoice Amount	**$4,118.20**

OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:

MCKESSON MEDICAL SURGICAL
PO BOX 660266
DALLAS TX 75266-0266

0254343750900004118205312715 50

Invoice

Invoice Number 53127155	PO Number 1009	Invoice Date 02/02/15

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
435331	Vendor: MEDLNE Vend Cat: DYNJP2492	SHEET, T PED (10/CS) PO LN 10	1	CA	1	97.53	97.53	0.00
94540	Vendor: 3M Vend Cat: 1018	DRAPE, SURG INSTR POUCH (10/BX PO LN 11	2	BX	2	13.35	26.70	0.00
68440	Vendor: APLICR Vend Cat: 82-255	SOLUTION, PVP PREP 4OZ (72/CS) PO LN 13	15	EA	15	1.05	15.75	0.00
188675	Vendor: PRFDIS Vend Cat: B16400	PAD, ADHSV TAPE REMOVER (100/B PO LN 14	1	BX	1	4.56	4.56	0.00
4008	Vendor: BARD Vend Cat: 010114	CATHETER, INTRMT COUDE TIEMAN PO LN 15	3	EA	3	7.59	22.77	0.00
640985	Vendor: MGM18 Vend Cat: 16-2118182	SPONGE, LAP 18X18 STR RIGID (5 PO LN 16	4	PK	4	4.11	16.44	0.00
649128	Vendor: MGM18 Vend Cat: 16-66307	TUBING, CONN N/C STR 1/4"X12 PO LN 17	2	CA	2	25.94	51.88	0.00
334469	Vendor: BBRAUN Vend Cat: R2000B	CAP DEVICE, RED (100/BX) PO LN 19	1	BX	1	25.23	25.23	0.00
446028	Vendor: MGM16 Vend Cat: 16-42441	SPONGE, GZE 4"X4" 12PLY STR (1 PO LN 20	20	TY	20	.82	16.40	0.00
446047	Vendor: MGM16 Vend Cat: 16-42442	SPONGE, GZE 4"X4" 12PLY STR (2 PO LN 21	1	BX	1	4.18	4.18	0.00
196070	Vendor: ETHCON Vend Cat: J790D	SUTURE, VICRYL VIO BR 3-0 18" PO LN 26	2	BX	2	459.93	919.86	0.00
547075	Vendor: MGM79 Vend Cat: 79-LAB20609	BAG, SPCMN BIOHAZ OUTSIDE PCKT PO LN 27	1	PK	1	10.42	10.42	0.00
560949	Vendor: ENTJRA Vend Cat: 260715	APPLICATOR, CHLORAPREP 10.5ML PO LN 28	1	BX	1	122.65	122.65	0.00
459362	Vendor: MGM19 Vend Cat: 19-75147	CLOSURE, SKIN REINF LF 1/2X4" PO LN 31	1	BX	1	56.70	56.70	0.00
508	Vendor: BD Vend Cat: 309695	SYRINGE, CONTROL 10CC (25/BX) PO LN 32	1	CA	1	70.43	70.43	0.00
356312	Vendor: MICRTK Vend Cat: 2008S	DECANTER, VIAL-O-JET (50/CS) PO LN 36	1	CA	1	85.57	85.57	0.00
5721	Vendor: 3M Vend Cat: 1050	DRAPE, INCISE LG (10/BX) PO LN 47	1	BX	1	27.54	27.54	0.00
		FUEL SURCHARGE PO LN 49	1	EA	1	1.19	1.19	0.00
504279	Vendor: MGM20 Vend Cat: 20-1060	GLOVE, SURG STR LTX PF SZ6 (40 PO LN 50	1	BX	1	38.33	38.33	0.00
472589	Vendor: MGM01 Vend Cat: 320BK	SHEARS, UTILITY BLK LF 7 1/4" PO LN 51	1	BX	1	31.52	31.52	0.00
472589	Vendor: MGM01 Vend Cat: 320BK	SHEARS, UTILITY BLK LF 7 1/4" PO LN 52	2	EA	2	3.15	6.30	0.00
863713	Vendor: MGM124 Vend Cat: 102-S10C	SYRINGE, LL 10CC (100/BX 12BX/ PO LN 53	1	BX	1	10.57	10.57	0.00
863717	Vendor: MGM124 Vend Cat: 102-S5C	SYRINGE, LL 5CC (100/BX 20BX/C PO LN 54	1	BX	1	8.54	8.54	0.00
772140	Vendor: MGM102 Vend Cat: 102-SNT1C2705S	SYRINGE/NDL, SAFETY 1CC 27GX1/ PO LN 55	1	BX	1	30.21	30.21	0.00
863694	Vendor: MGM124 Vend Cat: 102-N22105	NEEDLE, HYPO 22GAX1 1/2" (100/ PO LN 57	1	BX	1	4.59	4.59	0.00
863693	Vendor: MGM124 Vend Cat: 102-N221	NEEDLE, HYPO 22GAX1" (100/BX 1 PO LN 58	1	BX	1	4.30	4.30	0.00
455531	Vendor: MGM16 Vend Cat: 16-47310	TAPE, ADHSV PAPER LF 1"X10YDS PO LN 59	1	BX	1	6.99	6.99	0.00
235697	Vendor: 3M Vend Cat: 1624W	DRESSING, TEGADERM W/WINDOW 2" PO LN 60	1	BX	1	24.68	24.68	0.00

Invoice Number 53127155	PO Number 1009	Invoice Date 02/02/15

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
210548	Vendor MEMEPR Vend Cat 2038	SPILL KIT, EMERGENCY CAP 4/GL PO LN 81	1	EA	1	5.91	5.91	0.00
840310	Vendor MGM16 Vend Cat 16 PBSL23G	LANCET, PUSH-BUTTON SFTY 23G N PO LN 82	1	BX	1	21.24	21.24	0.00

SUB TOTAL	TAX	TOTAL AMOUNT
$4,118.20	$0.00	$4,118.20

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.

PRICING IS CONFIDENTIAL AND PROPRIETARY.

McKESSON
Empowering Healthcare

McKesson Medical-Surgical
8741 Landmark Road
Richmond, VA 23228

Invoice

Shipped From:
MCKESSON MEDICAL-SURGICAL INC (AUBURN)
SEATTLE 083
2530 B STREET, NW STE 101A
AUBURN WA 98001

Bill To:54343750

District License: WL 0001760

OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302-5883

Ship To: 54343755
OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302

Regulatory License: MD26552

Payment / Account Balance Inquiries Phone: 1-800-453-5180
Customer Service Phone: 1-800-366-8990

Sales Order Number	44863365	**Invoice Number**	54546956
Sales Order Date	03/05/15	**Invoice Date**	03/05/15
PO Number	1023	**Payment Due Date**	04/04/15
Sales Rep Name	ALBISTON, DERRICK M	**Invoice Amount**	$2,685.37

Invoice Detail

Notice: See back for Terms and Conditions.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
854737	Vendor: MGM14 Vend Cat: 915	GLOVE, SURG SYN PF SZ7 (40PR/B PO LN 1	1	CA	1	270.00	270.00	0.00
779244	Vendor: PIRAML NDC Num: & 66794001525	SEVOFLURANE INHAL, LIQ 99.9 2 PO LN 6	4	EA	4	133.02	532.08	0.00
330002	Vendor: BD Vend Cat: 381434	CATH, INSYTE IAG STR PNK 20GX1 PO LN 7	3	EA	3	1.65	4.95	0.00
195663	Vendor: SMITHS Vend Cat: 304208	CATHETER, IV PROT 16GX1 1/4" (PO LN 8	3	EA	3	2.75	8.25	0.00
705233	Vendor: 9SAGPH NDC Num: & 25021030102	ADENOSINE, VL 3MG/ML 2ML (10/P PO LN 9	2	EA	2	4.14	8.28	0.00
337316	Vendor: HOSPRA NDC Num: & 00409910420	DOPAMINE HCL, FTV 40MG/ML 10ML PO LN 10	2	EA	2	2.22	4.44	0.00
286280	Vendor: HOSPRA NDC Num: & 00409492134	EPINEPHRINE, ABJT 0.1MG/ML 10M PO LN 11	2	EA	2	6.14	12.28	0.00

McKESSON
Empowering Healthcare

McKesson Medical-Surgical
8741 Landmark Road
Richmond, VA 23228

Invoice

Account Number	54343750
Invoice Number	54546956
Invoice Date	03/05/15
Payment Due Date	04/04/15
Invoice Amount	$2,685.37

OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:

MCKESSON MEDICAL-SURGICAL
PO BOX 660266
DALLAS TX 75266-0266

02543437503000268537545469560

Invoice Number 54546956	PO Number 1023	Invoice Date 03/05/15

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
239965	Vendor: HOSPRA NDC Num: & 00409662302	SODIUM BICARB, FTV SDV 8.4 1M PO LN 13	1	EA	1	8.50	8.50	0.00
555680	Vendor: MGM60 Vend Cat: 60-201-01	ACETAMINOPHEN, TAB 500MG (100/ PO LN 14	1	BO	1	1.84	1.84	0.00
555685	Vendor: MGM60 Vend Cat: 60-921-01	ASPIRIN, TAB ENTERIC 325MG (10 PO LN 17	1	BO	1	1.74	1.74	0.00
234351	Vendor: 9CETY NDC Num: & 10223020101	CETACAINE, SPR 2-14-2 56GM PO LN 19	1	EA	1	60.20	60.20	0.00
581521	Vendor: HOSPRA NDC Num: & 00409724101	EPINEPHRINE, AMP 1MG/ML 1ML 1 PO LN 20	5	EA	5	1.74	8.70	0.00
462515	Vendor: BMSPHM NDC Num: & 00003023305	KENALOG-40, VL 40MG/ML 1ML PO LN 23	2	EA	2	9.47	18.94	0.00
416533	Vendor: HOSPRA NDC Num: & 00409229720	LABETALOL HCL, MDV 5MG/ML 20ML PO LN 24	15	EA	15	3.05	45.75	0.00
528509	Vendor: AKORN NDC Num: & 17478071110	LIDOCAINE, GEL 2.5ML (10/BX) PO LN 25	6	EA	6	4.06	24.36	0.00
370224	Vendor: DYNREX Vend Cat: 1401	AMMONIA, AMP,INHALANT (10/8 PO LN 40	1	BX	1	2.67	2.67	0.00
383744	Vendor: MGM01 Vend Cat: 01-670BKGM	STETHOSCOPE, DUAL HEAD BLK PO LN 43	1	EA	1	5.61	5.61	0.00
232268	Vendor: KENRSP Vend Cat: 86111	TUBE, MURPHY TRACH 7.0MM (10/B PO LN 44	2	EA	2	1.77	3.54	0.00
232269	Vendor: KENRSP Vend Cat: 86112	TUBE, MURPHY TRACH 7.5MM (10/B PO LN 45	2	EA	2	1.77	3.54	0.00
232270	Vendor: KENRSP Vend Cat: 86113	TUBE, MURPHY TRACH 8.0MM (10/B PO LN 46	2	EA	2	1.77	3.54	0.00
358599	Vendor: KENDAL Vend Cat: 31420	CATHETER, SCTN GRAD 14FR (50/C PO LN 47	1	EA	1	.35	0.35	0.00
472589	Vendor: MGM01 Vend Cat: 320BX	SHEARS, UTILITY BLK LF 7 1/4" PO LN 48	1	EA	1	3.15	3.15	0.00
286510	Vendor: TELFLX Vend Cat: 123326	AIRWAY, NASOPHARYN CATH 26FR (PO LN 49	1	BX	1	21.67	21.67	0.00
485075	Vendor: MGM16 Vend Cat: 16-271G	AIRWAY, GUEDEL 70MM LF (1/PK 2 PO LN 53	1	PK	1	.61	0.61	0.00
485076	Vendor: MGM16 Vend Cat: 16-281G	AIRWAY, GUEDEL 80MM LF (1/PK 2 PO LN 54	1	PK	1	.58	0.58	0.00
485077	Vendor: MGM16 Vend Cat: 16-291G	AIRWAY, GUEDEL 90MM LF (1/PK 2 PO LN 55	1	PK	1	.60	0.60	0.00
485078	Vendor: MGM16 Vend Cat: 16-2101G	AIRWAY, GUEDEL 100MM LF (1/PK PO LN 56	1	PK	1	.56	0.56	0.00
698551	Vendor: FLXCRE Vend Cat: 038-94-240U	MASK, LARYSEAL LMA DISP SILICO PO LN 57	1	EA	1	14.13	14.13	0.00
863691	Vendor: MGM124 Vend Cat: 102-N201	NEEDLE, HYPO 20GAX1" (100/BX) PO LN 58	1	BX	1	3.92	3.92	0.00
949058	Vendor: BD Vend Cat: 305819	CAP, SYRINGE TIP,SNGL STR (200 PO LN 64	20	EA	20	.02	0.40	0.00
375081	Vendor: HYTAPE Vend Cat: SLF	TAPE, HYTAPE PLAS LF 1/2"X5YDS PO LN 65	6	RL	6	2.07	12.42	0.00
173553	Vendor: PROFTP Vend Cat: AN-11	LABEL, LIDOCAINE GRY (330/RL) PO LN 70	3	RL	3	3.36	10.08	0.00
173551	Vendor: PROFTP Vend Cat: AN-7	LABEL, FENTANYL BLU (500/RL) PO LN 75	3	RL	3	3.32	9.96	0.00
246042	Vendor: 9WEST NDC Num: & 00641007025	DIPHENHYDRAMINE, VL 50MG/ML 1M PO LN 79	1	BX	1	31.44	31.44	0.00
770875	Vendor: 9WEST NDC Num: & 00143987310	METOPROLOL TARTRATE, VL 5MG/5M PO LN 82	4	EA	4	4.12	16.48	0.00

Invoice Number 54546956	PO Number 1023	Invoice Date 03/05/15

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
862316	Vendor: 98JONI NDC Num: & 07457018210	ESMOLOL HCL VL 10MG/ML 10ML (PO LN 84	4	EA	4	10.01	40.04	0.00
835870	Vendor: 91OSPW NDC Num: & 00409475503	ONDANSETRON, SDV 2MG/ML 2ML (A PO LN 85	1	CT	1	17.91	17.91	0.00
533181	Vendor: 9TEVA NDC Num: & 00703450201	METOCLOPRAMIDE, VL 5MG/ML 2ML PO LN 86	1	CT	1	22.40	22.40	0.00
400665	Vendor: 9WEST NDC Num: & 00641038725	DEXAMETHASONE, VL 10MG/ML 1ML PO LN 88	3	EA	3	1.70	5.10	0.00
236173	Vendor: HOSPRA NDC Num: & 00409488810	SODIUM CHLORIDE, FTV, PF 0.9 (PO LN 89	10	PK	10	23.82	238.20	0.00
561521	Vendor: HOSPRA NDC Num: & 00409724101	EPINEPHRINE, AMP, 1MG/ML 1ML (PO LN 90	1	PK	1	43.42	43.42	0.00
228429	Vendor: 0PFIZ NDC Num: & 00009062501	SOLU-CORTEF, VL 100MG/2ML PO LN 92	4	EA	4	7.73	30.92	0.00
484098	Vendor: 8PFIZ NDC Num: & 00071041819	NITROSTAT, TAB SUBL 0.4MG (25 PO LN 98	3	BO	3	16.50	49.50	0.00
286280	Vendor: HOSPRA NDC Num: & 00409492134	EPINEPHRINE, ABJT, 0.1MG/ML 10M PO LN 101	3	EA	3	6.14	18.42	0.00
286640	Vendor: HOSPRA NDC Num: & 00409491134	ATROPINE SULFATE, PFS 0.1MG/ML PO LN 102	2	EA	2	12.21	24.42	0.00
528509	Vendor: AKORN NDC Num: & 17478071110	LIDOCAINE GEL 2.5ML (10/BX) PO LN 104	5	EA	5	4.08	20.30	0.00
367082	Vendor: SAPPPH NDC Num: & 63323203805	LIDOCAINE HCL SDV PF 2.5ML (PO LN 108	2	BX	2	52.93	105.86	0.00
758484	Vendor: MGM119 Vend Cat: 110-8973	LUBRICATING JELLY, TU STR 4OZ PO LN 109	4	EA	4	1.42	5.68	0.00
50871-4	Vendor: MGM16 Vend Cat: 24-202-S	BLADE, TONGUE SR STR 0, (100/B PO LN 110	2	BX	2	3.22	6.44	0.00
		FUEL SURCHARGE PO LN 111	1	EA	1	1.19	1.19	0.00
286510	Vendor: TELFLX Vend Cat: 123026	AIRWAY, NASOPHARYN CATH 26FR (PO LN 113	1	BX	1	21.67	21.67	0.00
485075	Vendor: MGM16 Vend Cat: 16-271G	AIRWAY, GUEDEL 70MM LF (1/PK 2 PO LN 119	2	BX	3	14.53	29.06	0.00
485076	Vendor: MGM16 Vend Cat: 16-281G	AIRWAY, GUEDEL 80MM LF (1/PK 2 PO LN 120	2	BX	2	14.04	28.08	0.00
485077	Vendor: MGM16 Vend Cat: 16-291G	AIRWAY, GUEDEL 90MM LF (1/PK 2 PO LN 121	2	BX	2	14.49	28.98	0.00
485078	Vendor: MGM16 Vend Cat: 16-2101G	AIRWAY, GUEDEL 100MM LF (1/PK PO LN 122	2	BX	2	13.46	26.92	0.00
235697	Vendor: 3M Vend Cat: 1624W	DRESSING, TEGADERM W/WINDOW 2 PO LN 126	1	BX	1	24.68	24.68	0.00
472589	Vendor: MGM01 Vend Cat: 320BK	SHEARS, UTILITY BLK LF 7 1/4 PO LN 129	3	EA	3	3.15	9.45	0.00
478112	Vendor: BBRAUN Vend Cat: 473447	EXT SET, ULTRASITE N/F 6" (100 PO LN 130	10	EA	10	2.34	23.40	0.00
171492	Vendor: SMITHS Vend Cat: MX5311L	STOPCOCK, 3WAY M-LL W/SWIVEL (50 PO LN 131	20	EA	20	1.06	21.20	0.00
232267	Vendor: KENRSP Vend Cat: 86110	TUBE, MURPHY TRACH 6.5MM (10/B PO LN 133	10	EA	10	1.77	17.70	0.00
232268	Vendor: KENRSP Vend Cat: 86111	TUBE, MURPHY TRACH 7.0MM (10/B PO LN 134	10	EA	10	1.77	17.70	0.00
27837-1	Vendor: KENRSP Vend Cat: 86451	TUBE, MURPHY TRACH 7.5MM (10/B PO LN 135	10	EA	10	1.77	17.70	0.00
232270	Vendor: KENRSP Vend Cat: 86113	TUBE, MURPHY TRACH 8.0MM (10/B PO LN 136	10	EA	10	1.77	17.70	0.00

Invoice Number 54546958	PO Number 1023	Invoice Date 03/05/15

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
358597	Vendor: KENDAL Vend Cat: 31020	CATHETER, SCTN GRAD 10FR (50/C PO LN 138	10	EA	10	.35	3.50	0.00
358599	Vendor: KENDAL Vend Cat: 31420	CATHETER, SCTN GRAD 14FR (50/C PO LN 139	10	EA	10	.35	3.50	0.00
160735	Vendor: KENDAL Vend Cat: 8888264945	TUBE, SALEM SUMP STR 14FR 48" PO LN 141	10	EA	10	1.73	17.30	0.00
160736	Vendor: KENDAL Vend Cat: 8888264960	TUBE, SALEM SUMP STR 16FR 48" PO LN 142	10	EA	10	1.73	17.30	0.00
549121	Vendor: MGM16 Vend Cat: 16-66204	SUCTION, YANKAUER RIGID REG TI PO LN 143	1	CA	1	30.56	30.56	0.00
171579	Vendor: SMITHS Vend Cat: ST5-400	THERMOMETER, SKIN TEMP PROBE (PO LN 144	3	EA	3	4.11	12.33	0.00
284007	Vendor: BAXTIV Vend Cat: 2C9216	EXT SET, ANESTHESIA (60/CS) PO LN 145	20	EA	20	3.63	72.60	0.00
699662	Vendor: MGM16 Vend Cat: 102-S60C	SYRINGE, LL 60CC (25/BX 4BX/CS PO LN 146	1	BX	1	10.00	10.00	0.00
222103	Vendor: SMITHS Vend Cat: 450504	CIRCUIT, ANES W/FLTR STRT Y LT PO LN 147	1	CA	1	61.71	61.71	0.00
543833	Vendor: MGM86 Vend Cat: 86-589E	MASK, ANES FACE CLEAR-VUE+ ADL PO LN 148	3	EA	3	3.55	10.65	0.00
533715	Vendor: AMBU Vend Cat: 620211000	RESUSCITATOR, SPUR II MED ADLT PO LN 149	3	EA	3	12.74	38.22	0.00
232233	Vendor: KENRSP Vend Cat: 85665	STYLET, INTUBATION 14FR (20/BX PO LN 151	3	EA	3	2.53	7.59	0.00
349598	Vendor: BD Vend Cat: 381544	CATHETER, INSYTE WNGD 18GX1 16 PO LN 152	1	BX	1	82.27	82.27	0.00
345968	Vendor: BD Vend Cat: 381533	CATHETER, INSYTE WNGD 20GX1" (PO LN 153	20	EA	20	1.65	33.00	0.00
784776	Vendor: FLXCRE Vend Cat: 038-95-009CU	AIRWAY, NASAL PHARYN ID NASO C PO LN 154	1	BX	1	19.71	19.71	0.00
784774	Vendor: FLXCRE Vend Cat: 038-95-007CU	AIRWAY, NASAL PHARYN ID NASO C PO LN 155	1	BX	1	23.20	23.20	0.00
784776	Vendor: FLXCRE Vend Cat: 038-95-009CU	AIRWAY, NASAL PHARYN ID NASO C PO LN 157	1	BX	1	19.71	19.71	0.00
701695	Vendor: 90LAXO NDC Num: & 00173068224	VENTOLIN HFA, AER W/COUNTER 90 PO LN 160	1	EA	1	25.84	25.84	0.00
479744	Vendor: 90LAY Vend Cat: 45802041056	OXYMETAZOLINE HCL SPR 0.05 N PO LN 161	6	EA	6	1.68	11.16	0.00
769261	Vendor: WTRJEL Vend Cat: WJBA1800	BACITRACIN, OINT FOIL PK 500U/ PO LN 162	1	BX	1	3.11	3.11	0.00
778707	Vendor: SAPPPH NDC Num: & 63323048327	XYLOCAINE+EPI, MDV 2.20ML (25 PO LN 163	1	CT	1	59.06	59.06	0.00
239930	Vendor: HOSPRA NDC Num: & 00409196807	SODIUM CHLORIDE BACT, FTV 0.9 PO LN 164	30	EA	30	1.42	42.60	0.00
552038	Vendor: MGM99 Vend Cat: 49046082237	POVIDONE-IODINE, SOL TOPICAL 1 PO LN 166	5	EA	5	2.17	10.85	0.00

SUB TOTAL	TAX	TOTAL AMOUNT
$2,685.37	$0.00	$2,685.37

The purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for services that may not be reimbursable under the Medicare/Medicaid statutes. You can receive an itemized list of any fees included in the prices upon request.

PRICING IS CONFIDENTIAL AND PROPRIETARY.

McKesson Medical-Surgical
8741 Landmark Road
Richmond, VA 23228

Bill To:54343750

Invoice

Shipped From:
MCKESSON MEDICAL-SURGICAL INC (AUBURN)
SEATTLE 053
2530 B STREET, NW STE 101A
AUBURN WA 98001

OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302-5883

District License: WI-0001760

Ship To: 54343755
OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302

Regulatory License: MD26552

Payment / Account Balance Inquiries Phone: 1-800-453-5180
Customer Service Phone: 1-800-366-8990

Sales Order Number	45533881	Invoice Number	55292568
Sales Order Date	03/22/15	Invoice Date	03/23/15
PO Number	1030	Payment Due Date	04/22/15
Sales Rep Name	ALBISTON, DERRICK M	Invoice Amount	$2,021.30

Invoice Detail

Notice: See back for Terms and Conditions.
Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
533888	Vendor: AMBU Vend Cat: 540212000	RESUSCITATOR, SPUR II INF (12/ PO LN 6	9	EA	9	12.25	110.25	0.00
345968	Vendor: BD Vend Cat: 381533	CATHETER, INSYTE W/NGD 20GX1" (PO LN 7	3	BX	3	82.27	246.81	0.00
788485	Vendor: MGM119 Vend Cat: 119-8942	LUBRICATING JELLY, FOIL PKT ST PO LN 8	2	BX	2	8.24	16.48	0.00
890160	Vendor: SNYCOM NDC Num: 00281032830	NITRO-BID, OINT 2.30GM PO LN 9	1	EA	1	41.78	41.78	0.00
159440	Vendor: KENDAL Vend Cat: 8889207067	CONTAINER, SPCMN STR GRN UNWRA PO LN 10	1	CA	1	18.45	18.45	0.00
277861	Vendor: MGM16 Vend Cat: 16-6004-B	TOWEL, OR STR BLU DISP (4/PK 2 PO LN 12	1	CA	1	45.00	45.00	0.00
472284	Vendor: MGM50 Vend Cat: 57895094110	IBUPROFEN, TAB 200MG (1000/BT PO LN 13	1	BO	1	14.11	14.11	0.00

McKesson Medical-Surgical
8741 Landmark Road
Richmond, VA 23228

OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302

Invoice

Account Number	54343750
Invoice Number	55292568
Invoice Date	03/23/15
Payment Due Date	04/22/15
Invoice Amount	$2,021.30

Please contact us regarding electronic payment options at MMS.Treasury@McKesson.com.

Please Remit To:

MCKESSON MEDICAL-SURGICAL
PO BOX 660266
DALLAS TX 75266-0266

02543437509000202130552925680

1059 01 52-0214678-005-0033196

Invoice Number 55292568	PO Number 1030	Invoice Date 03/23/15

Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
555687	Vendor: MGM60 Vend Cat: 60-101-10	ACETAMINOPHEN, TAB 325MG (1000 PO LN 14	1	BO	1	9.00	9.00	0.00
543522	Vendor: MGM86 Vend Cat: 86-202E	MASK, OXY MED CONC ADLT STD 7 PO LN 15	2	CA	2	78.86	157.72	0.00
370224	Vendor: DYNREX Vend Cat: 1401	AMMONIA, AMP INHALANT (10/B PO LN 16	2	BX	2	2.67	5.34	0.00
701695	Vendor: 9GLAXO NDC Num: & 00173068224	VENTOLIN HFA, AER W/COUNTER 90 PO LN 17	2	EA	2	25.84	51.68	0.00
317195	Vendor: DEROYL Vend Cat: 88-000001	PENCIL ROCKER SWITCH W/HOLSTE PO LN 21	1	CA	1	153.47	153.47	0.00
384499	Vendor: DEROYL Vend Cat: 88-001000	CORD, BI-POLAR DISP (10/CS) PO LN 22	2	CA	2	20.19	40.38	0.00
427	Vendor: BD Vend Cat: 405184	NEEDLE, SPINAL STR 18GX3 1/2" PO LN 23	1	BX	1	40.04	40.04	0.00
143554	Vendor: BARD Vend Cat: 898316	CATH TRAY, FOLEY 16FR (10/CS) PO LN 24	1	CA	1	108.52	108.52	0.00
88789	Vendor: BARD Vend Cat: 897416	CATH TRAY, FOLEY 16FR 5CC (10/ PO LN 25	5	EA	5	16.47	82.35	0.00
876309	Vendor: MGM16 Vend Cat: 3010	CLOSURE, SKIN REINF LF 1/2X4" PO LN 26	1	BX	1	59.46	59.46	0.00
698551	Vendor: FLXCRE Vend Cat: 038-94-240U	MASK, LARYSEAL LMA DISP SILICO PO LN 27	5	EA	5	12.47	62.35	0.00
30743	Vendor: MGM37 Vend Cat: 37-670	SYRINGE, IRR BULB STR 60CC (50 PO LN 28	6	EA	6	.79	4.74	0.00
698550	Vendor: FLXCRE Vend Cat: 038-94-230U	MASK, LARYSEAL LMA DISP SILICO PO LN 29	5	EA	5	14.44	72.20	0.00
698552	Vendor: FLXCRE Vend Cat: 038-94-250U	MASK, LARYSEAL LMA DISP SILICO PO LN 30	5	EA	5	14.06	70.30	0.00
543833	Vendor: MGM86 Vend Cat: 86-588E	MASK, ANES FACE CLEAR-VUE+ ADL PO LN 31	10	EA	10	3.55	35.50	0.00
543832	Vendor: MGM86 Vend Cat: 86-588E	MASK, ANES FACE CLEAR-VUE+ ADL PO LN 32	10	EA	10	2.87	28.70	0.00
171579	Vendor: SMITHS Vend Cat: STS-400	THERMOMETER, SKIN TEMP PROBE (PO LN 33	5	EA	5	4.11	20.55	0.00
330008	Vendor: BD Vend Cat: 381454	CATH, INSYTE IAG STR GRY 16GX1 PO LN 35	10	EA	10	1.65	16.50	0.00
533718	Vendor: AMBU Vend Cat: 520211000	RESUSCITATOR, SPUR II MED ADLT PO LN 36	6	EA	6	12.74	76.44	0.00
512106	Vendor: 9NEPHR Vend Cat: 00487590199	RACEMIC EPI S2, SOL INH 2.25 PO LN 37	1	CT	1	52.77	52.77	0.00
543795	Vendor: MGM86 Vend Cat: 86-778E	NEBULIZER, OPTI-MIST CLR 7TB PO LN 38	10	EA	10	1.28	12.80	0.00
764304	Vendor: HOSPRA NDC Num: & 00409904217	BUPIVACAINE +EPI, VL 0.25 30M PO LN 39	2	BX	2	92.49	184.98	0.00
186660	Vendor: BBRAUN NDC Num: 00264780000	SOD CHL, IVSOL 0.9 1000ML (12 PO LN 40	48	EA	48	1.87	89.76	0.00
186662	Vendor: BBRAUN NDC Num: & 00264775000	LAC RING, IVSOL 1000ML (12/CS) PO LN 41	48	EA	48	1.91	91.68	0.00
		FUEL SURCHARGE PO LN 42	1	EA	1	1.19	1.19	0.00