

CHECK \$15.00
\$15.00

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	48857016 OROR
File with: Secretary of State, OR	

JULIE E. YORK, MD, P

OR Sec of State
07/14/2015

90510060_5949525

Lien#: 90510060

UCC

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 875 Oak St Se Ste 5085		CITY Salem	STATE OR	POSTAL CODE 97301
				COUNTRY 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 KY1-2514, P. O. Box 33035		CITY Louisville	STATE KY	POSTAL CODE 40232
				COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

SEE EXHIBIT A ATTACHED HERE WITH AND PART THEREOF; 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:

48857016

0000471662

Julie E. York, MD, PC

Cardinal Health

EXHIBIT A



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

Sold-To #: 0011119230
 Sold-To Name: OREGON SPECIALIST SURGERY CENTER
 Sold-To Address: 2785 RIVER RD S OR 97302-9754

Invoice #: 7034807735
 Invoice Date: 02/07/2015 11:01 PM ET

Ship-To #: 0011119230
 Ship-To Name: OREGON SPECIALIST SURGERY CENTER
 Ship-To Address: 2785 RIVER RD S SALEM OR 97302-9754

Order #: G001459468
 Order Date: 07/01/2015 4:40 PM ET
 PO #: 1011
 Order Method: Web Order Medical

Medical/Lab Products

MATERIAL #	DESCRIPTION	UOM	QTY ORDERED	QTY SHIPPED	UNIT PRICE	EXTENDED PRICE	SHIPPING DETAILS
1 5160-2FG	LIGHT HANDLE COVER, FLEXIBLE, GREEN	BX	2	2	\$0.00 \$14.30	\$28.60	
2 01-0901C	IV START TO 24 ALC 072	CS	1	1	\$0.00 \$69.00	\$69.00	
3 P51108-101	PILLOW REUSABLE 20INX26IN 200Z 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 (988) 1647	CS	4	4	\$0.00 \$187.80	\$751.20	
6 13-7799E	ESI KIT (990) 1647	CS	4	4	\$0.00 \$345.60	\$1,382.40	
7 13A6077E	IFESI KIT (770) 1647	CS	15	12	\$0.00 \$100.00	\$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	MBS KIT (998) 1647	CS	4	4	\$0.00 \$297.90	\$1,191.60	
11 FP-UN1	ULNAR NERVE CONVOLUTED FOAM POSITIONER W/ BAG SPONGE COUNTER BLUE BACK	CS	1	1	\$0.00 \$81.00	\$81.00	
12 75-990-000	BAG SPONGE COUNTER BLUE BACK	BX	1	1	\$0.00 \$22.60	\$22.60	
13 9545	GOWN STER ALRG W/TOWEL	CS	2	2	\$0.00 \$55.48	\$110.96	
14 79496	DRAPE MINOR PROCEDURE	CS	1	1	\$0.00 \$56.38	\$56.38	
15 D1000	TOWEL DRAPE SMALL	CS	1	1	\$0.00 \$10.15	\$10.15	
16 D1092	DRAPE MINOR PROCEDURE	BX	2	1	\$0.00 \$46.14	\$46.14	
17 352049	TV 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	520BS- 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)

---Invoice Totals---

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

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.

: 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

*amt. paid by
Customer
\$8,739.40*

McKESSON

Empowering Healthcare

McKesson Medical-Surgical
8741 Landmark Road
Richmond, VA 23228

Bill To: 54343750

Invoice

Page 1 of 3

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

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

District License-W1-#MM17641

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

Regulatory License MD26552

Payment / Account Balance Inquiries 1-800-766-4833
Phone:
Customer Service Phone: 1-800-366-8890

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: PRUDIS Vend Cat: MG33X1	WIPE, BABYNICE&CLEAN UNSCNTD PO LN 1	2	CA	2	32.40	64.80	0.00
186061	Vendor: BUREAU NDC Num & 00294760010	SOD CHL, IVSOL PVC DEHP FREE O PO LN 3	3	CA	3	50.24	150.72	0.00
891289	Vendor: AKJOTO Vend Cat: 19-322180	RESERVOIR, WND EVAC SIL CNTRL PO LN 5	10	EA	10	5.33	53.30	0.00
786759	Vendor: ETHICON Vend Cat: DNX12	ADHESIVE, SKIN DERMABOND ADV (PO LN 6	2	BX	2	306.98	613.96	0.00
345987	Vendor: BU Vend Cat: 381512	CATHETER, INSYTE WNGD 24GX.75" PO LN 7	2	CA	2	329.10	658.20	0.00
345988	Vendor: BU 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	150.08	150.08	0.00

McKESSON

Empowering Healthcare

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	53127155
Invoice Date	02/02/15
Payment Due Date	03/04/15
Invoice Amount	\$4,118.20

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



02543437509000411820531271550

Invoice

Page 2 of 3

Invoice Number 53127155	PO Number 1009	Invoice Date 02/02/15
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
493334	Vendor: MEELNE Vend Cat: DYNJP2492	SHEET, 1 PED (10CS) 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
69440	Vendor: APLICA Vend Cat: 82-253	SOLUTION, PVP PREP 4OZ (72/CS) PO LN 13	15	EA	15	1.05	15.75	0.00
188675	Vendor: PRF018 Vend Cat: B16400	PAD, ADHSV TAPE REMOVER (100/BX) PO LN 14	1	BX	1	4.58	4.58	0.00
4888	Vendor: BARD Vend Cat: 010114	CATHETER, INTRMT COUDE TIEMAN PO LN 15	3	EA	3	7.59	22.77	0.00
648885	Vendor: MCM18 Vend Cat: 18-2118182	SPONGE, LAP 18X18 STR RIGID 15 PO LN 16	4	PK	4	4.11	16.44	0.00
649120	Vendor: MCM18 Vend Cat: 18-68307	TUBING, CONN N/C STR 1/4"X12 PO LN 17	2	CA	2	25.84	51.68	0.00
334408	Vendor: BBAUN Vend Cat: B20008	CAP DEVICE, RED (100/BX) PO LN 19	1	BX	1	25.23	25.23	0.00
448826	Vendor: MCM18 Vend Cat: 18-42441	SPONGE, GZE 4"X4" 12PLY STR (1) PO LN 20	20	TY	20	82	1640	0.00
448827	Vendor: MCM18 Vend Cat: 18-42442	SPONGE, GZE 4"X4" 12PLY STR (2) PO LN 21	1	BX	1	4.18	4.18	0.00
188870	Vendor: ETHCON Vend Cat: J7900	SUTURE, VICHYL VIO BR 3-0 18" PO LN 26	2	BX	2	458.83	918.66	0.00
347075	Vendor: MCM10 Vend Cat: 79-LAB20609	BAG, SPCMN BIOHAZ OUTSIDE PCKT PO LN 27	1	PK	1	10.42	10.42	0.00
380949	Vendor: ENTORA Vend Cat: 230715	APPLICATOR, CHLORAPREP 10.5ML PO LN 28	1	BX	1	122.65	122.65	0.00
458382	Vendor: MCM19 Vend Cat: 19-75147	CLOSURE, SKIN REINF LF 1/2X4" PO LN 31	1	BX	1	56.70	56.70	0.00
308	Vendor: BD Vend Cat: 309695	SYRINGE, CONTROL 10CC (25/BX) PO LN 32	1	CA	1	70.43	70.43	0.00
558912	Vendor: MCM1K Vend Cat: 20085	DECANTER, VIAL-O-JET (50/CS) PO LN 38	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 48	1	EA	1	1.19	1.19	0.00
306279	Vendor: MCM20 Vend Cat: 20-1060	GLOVE, SURG STR LTX PF SZ6 (40) PO LN 50	1	BX	1	38.33	38.33	0.00
472509	Vendor: MCM01 Vend Cat: 3208K	SHEARS, UTILITY BLK LF 7 1/4" PO LN 51	1	BX	1	31.52	31.52	0.00
472389	Vendor: MCM01 Vend Cat: 3208K	SHEARS, UTILITY BLK LF 7 1/4" PO LN 52	2	EA	2	3.15	6.30	0.00
883713	Vendor: MCM124 Vend Cat: 102-S10C	SYRINGE, LL 10CC (100/BX 12BX) PO LN 53	1	BX	1	10.57	10.57	0.00
883717	Vendor: MCM124 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: MCM102 Vend Cat: 102-SNT1C2705S	SYRINGE/NDL SAFETY 1CC 27GX1/ PO LN 55	1	BX	1	30.21	30.21	0.00
883894	Vendor: MCM124 Vend Cat: 102-N22105	NEEDLE, HYPO 22GX1 1/2" (100) PO LN 57	1	BX	1	4.59	4.59	0.00
883893	Vendor: MCM124 Vend Cat: 102-N221	NEEDLE, HYPO 22GX1" (100/BX 1) PO LN 58	1	BX	1	4.30	4.30	0.00
455531	Vendor: MCM16 Vend Cat: 16-47310	TAPE, ADHSV PAPER LF 1"X10YDS PO LN 59	1	BX	1	8.99	8.99	0.00
235897	Vendor: 3M Vend Cat: 1624W	DRESSING, TEGADERM W/WINDOW 2 PO LN 60	1	BX	1	24.68	24.68	0.00

Invoice

Page 3 of 3

Invoice Number 53127155	PO Number 1009	Invoice Date 02/02/15
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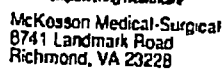
Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit Shipped	Unit Price	Amount	Splice Tax
210548	Vendor: MEVENO Vendor Cat: 2238	SPILL KIT EMERGENCY CAP 47GL POLY B1	1	EA	1	5.91	0.00
840310	Vendor: AQUA Vendor Cat: 1815/5.230	LANCEET, PUSH-BUTTON SFTY 23GN POLY B2	1	BX	1	21.24	0.00

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 price 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 price upon request.

PRICING IS CONFIDENTIAL AND PROPRIETARY.

*** 01-02-2015 10:00:00 AM ***



Bill To: 54343750

Page 1 of 3

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

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

~~Distric License: WT-DEN 7063~~

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

Regulatory License MD24552

Payment / Account Balance Inquiries 1-800-453-5100

Customer Service Phone 1-800-333-9100

Sales Order Number 45533881		Customer Service Phone 1-800-368-2800	
Sales Order Date 03/22/15		Invoice Number 55292568	
PO Number 1030		Invoice Date 03/23/15	
Sales Rep Name ALBISTON, DERRICK M		Payment Due Date 04/22/15	
		Invoice Amount \$2,021.30	

Invoice Detail

Notes: See back for Terms and Conditions
Phone: 602.426.1100 regarding rates, times, payments, updates or
MMS.Treasury@DRI.com

MMS:Treasury@AOL.Norwalk, Conn

Item Number	Vendor / Vendor Cat #	Description	Ordered	Units Shipped	Unit Price	Amount	Sales Tax
933860	Vendor: Atlanta Vendor Cat: 340717000	RESUSCITATOR, SPORTINF (127	9	EA	9	12.25	110.25
745088	Vendor: BD Vendor Cat: 381633	BATHETER, MISTIE WIND 200X1"	3	BX	3	82.27	246.81
788486	Vendor: M&M-110 Vendor Cat: 119-8842	LUBRICATING JELLY, FOIL PKT GT	2	BX	2	8.24	16.48
800180	Vendor: GAY-CORP NDC Num: 8 00281037630	NEURO-BLO, CONT 2 30GM	1	EA	1	41.78	41.78
109440	Vendor: KENDAL Vendor Cat: 8088207087	CONTAINER, SPAN STRN GRN UNWRA	1	CA	1	18.45	18.45
777884	Vendor: M&M-110 Vendor Cat: 18 8004 B	TOWEL, OR STRIBLO DISP 4PK 2	1	CA	1	45.00	45.00
470284	Vendor: M&M-110 Vendor Cat: 57896094112	ISUPROFEN, TAB 200MG (1000BT	1	BO	1	14.11	14.11

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

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

02543437509000202130552925680

Account Number	94343750
Invoice Number	55292558
Invoice Date	03/23/15
Payment Due Date	04/22/15
Invoice Amount	\$2,021.10

Please contact us regarding electronic payment systems at 815.576.4600 or 556.4600

Henry David Thoreau

WICKESON MEDICAL SURGICAL
PO BOX 850266
DALLAS TX 75266-0266



1026 61 30 12 1026 61 30 12 1026 61 30 12

Invoice

Page 2 of 3

Invoice Number 55292568	PO Number 1030	Invoice Date 03/23/15
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
555887	Vendor: MCM00 Vend Cat: 60-101-10	ACETAMINOPHEN, TAB 325MG (1000 PO LN 14	1	BO	1	9.00	9.00	0.00
549522	Vendor: MCM00 Vend Cat: 88-202E	MASK, OXY MED CONC ADLT STD 7 PO LN 15	2	CA	2	76.86	157.72	0.00
570224	Vendor: DVNH2X Vend Cat: 1401	AMMONIA, AMP INHALANT (10/B PO LN 16	2	BX	2	2.67	5.34	0.00
701033	Vendor: BCLAXO NDC Num & 00173068224	VENTOLIN HFA, AER W/COUNTER 90 PO LN 17	2	EA	2	25.84	51.68	0.00
517193	Vendor: BEROV1 Vend Cat: 88-000001	PENCIL, HOCKER SWITCH WHOLSTE PO LN 21	1	CA	1	153.47	153.47	0.00
364433	Vendor: BEROV1 Vend Cat: 88-001000	CORD, BIPOLAR DISP (10/CS) PO LN 22	2	CA	2	20.19	40.38	0.00
427	Vendor: BD Vend Cat: 405184	NEEDLE, SPINAL STH 18GX3 1/2" PO LN 23	1	BX	1	40.04	40.04	0.00
143334	Vendor: BARD Vend Cat: 898318	CATH TRAY, FOLEY 16FR (10/CS) PO LN 24	1	CA	1	108.32	108.32	0.00
66763	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: MCM16 Vend Cat: 3010	CLOSURE, SKN REINF LF 1/2X4" PO LN 26	1	BX	1	59.46	59.46	0.00
896331	Vendor: PLACRE Vend Cat: 008-94-240U	MASK, LARYSEAL LMA DISP SILICO PO LN 27	5	EA	5	12.47	62.35	0.00
30743	Vendor: MCM37 Vend Cat: 37-670	SYRINGE, IHR BULB STR 60CC (50 PO LN 28	8	EA	8	.78	4.74	0.00
896330	Vendor: PLACRE Vend Cat: 008-94-230U	MASK, LARYSEAL LMA DISP SILICO PO LN 29	5	EA	5	14.44	72.20	0.00
896332	Vendor: PLACRE Vend Cat: 008-94-250U	MASK, LARYSEAL LMA DISP SILICO PO LN 30	5	EA	5	14.08	70.30	0.00
343633	Vendor: MCM38 Vend Cat: 88-588E	MASK, ANES FACE CLEAR-VUE+ ADL PO LN 31	10	EA	10	3.55	35.50	0.00
343632	Vendor: MCM38 Vend Cat: 88-588E	MASK, ANES FACE CLEAR-VUE+ ADL PO LN 32	10	EA	10	2.87	28.70	0.00
171579	Vendor: SMITH Vend Cat: STS-400	THERMOMETER, SKN TEMP PROBE (PO LN 33	5	EA	5	4.11	20.55	0.00
330000	Vendor: BD Vend Cat: 281454	CATH, INSYIE IAG STR GRY 18GX1 PO LN 35	10	EA	10	1.65	16.50	0.00
333718	Vendor: AMBU Vend Cat: 520211000	RESUSCITATOR, SPUR II MED ADLT PO LN 36	6	EA	6	12.74	76.44	0.00
312106	Vendor: WYCPH Vend Cat: 00487590199	HACEMIC EPI S2, SOL INH 2 25 PO LN 37	1	CT	1	52.77	52.77	0.00
343793	Vendor: MCM38 Vend Cat: 88-778E	NEBULIZER, OPTI-MIST CLR 77B PO LN 38	10	EA	10	1.28	12.80	0.00
704304	Vendor: HOSPRA NDC Num & 00409904217	BUPIVACAINE +EPI, VL 0.25 30M PO LN 39	2	BX	2	92.49	184.98	0.00
186500	Vendor: BBRACN NDC Num 00284780000	SOD CHL IVSOL 0.9 1000ML (12 PO LN 40	48	EA	48	1.87	89.76	0.00
186502	Vendor: BBRACN NDC Num & 00264775000	LAC RING, IVSOL 1000ML (12CS) 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

McKESSON

Empowering Healthcare

McKesson Medical-Surgical
8741 Landmark Road
Richmond, VA 23228

Bill To: 54343750

Invoice

Page 1 of 4

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

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

District License: W1-10011760

Ship To: 54343750
OREGON SPECIALISTS SURGERY CENTER LLC
2785 RIVER RD SOUTH
SALEM OR 97302

Regulatory License: MD26552

Payment / Account Balance Inquiries 1-800-453-5180

Customer Service Phone 1-800-386-8990

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

Note: 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
884737	Vendor: MGMT Vend Cat: 915	GLOVE, SURG SYN PF SZ7 (40PR/B) PO LN 1	1	CA	1	270.00	270.00	0.00
770244	Vendor: PIRAM NDC Num & 60794001525	SEVOFLURANE INHAL, LK 9992 PO LN 6	4	EA	4	133.02	532.08	0.00
300002	Vendor: BD Vend Cat: 38143a	CATH, INSYTE IAG STR PNK 20GX1 PO LN 7	3	EA	3	1.65	4.95	0.00
105000	Vendor: GWFRS Vend Cat: 304206	CATHETER, IV PROT 16GX1 1/4" I PO LN 8	3	EA	3	2.75	8.25	0.00
705233	Vendor: 954SPH NDC Num & 23021030102	ADENOSINE, VL 3MG/ML 2ML (10P) PO LN 9	2	EA	2	4.14	8.28	0.00
837310	Vendor: HOSFRA NDC Num & 00409910420	DOPAMINE HCL FIV 40MG/ML 10ML PO LN 10	2	EA	2	2.22	4.44	0.00
200200	Vendor: HOSFRA 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

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

Invoice

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

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



02543437509000268537545469560

Invoice

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Invoice Number 54548856	PO Number 1023	Invoice Date 03/05/15
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Units Shipped	Unit Price	Amount	Taxes
839909	Vendor: MDS-MH NDC Num & 00409642502	SODIUM BICARB FTV SDV 84 TM PO LN 13	1	EA	1	8.50	8.50 0.00
935000	Vendor: MDS-MH Vend Cat: 00 201 01	ACETAMINOPHEN, TAB 500MG (100) PO LN 14	1	BO	1	1.84	1.84 0.00
935003	Vendor: MDS-MH Vend Cat: 00 921 01	ASPIRIN, TAB ENTERIC 325MG (10 PO LN 17	1	BO	1	1.74	1.74 0.00
254201	Vendor: MDS-MH NDC Num & 1022020101	CETACINE, SPR 2-14-2500M PO LN 18	1	EA	1	80.20	80.20 0.00
301321	Vendor: MDS-MH NDC Num & 00409724101	EPINEPHRINE, AMP 1MG/ML 1ML I PO LN 20	5	EA	5	1.74	8.70 0.00
402512	Vendor: MDS-MH NDC Num & 0000025305	KERATOLOC 40, VL 40MG/ML 1ML PO LN 23	2	EA	2	9.47	18.94 0.00
410500	Vendor: MDS-MH NDC Num & 00409224720	CABETAPOLE HCL MOV 5MG/ML 20ML PO LN 24	15	EA	15	3.05	45.75 0.00
320309	Vendor: MDS-MH NDC Num & 17472971110	LIDOCaine, GEL 2.5ML (10/BOX) PO LN 25	6	EA	6	4.00	24.36 0.00
370224	Vendor: MDS-MH Vend Cat: 1403	ADAMORSE, AMP INHALANT (10B PO LN 40	1	BX	1	2.67	2.67 0.00
303744	Vendor: MDS-MH Vend Cat: 01 4700K0M	STETHOSCOPE, DUAL HEAD BLK PO LN 43	1	EA	1	5.61	5.61 0.00
230280	Vendor: MDS-MH Vend Cat: 00111	TUBE, MURPHY TRACH 70MM (10B PO LN 44	2	EA	2	1.77	3.54 0.00
230280	Vendor: MDS-MH Vend Cat: 00112	TUBE, MURPHY TRACH 7.5MM (10B PO LN 45	2	EA	2	1.77	3.54 0.00
230270	Vendor: MDS-MH Vend Cat: 00113	TUBE, MURPHY TRACH 8.0MM (10B PO LN 46	2	EA	2	1.77	3.54 0.00
330280	Vendor: MDS-MH Vend Cat: 31420	CATHETER, SCTN GRAD 16FR (30C PO LN 47	1	EA	1	.35	0.35 0.00
072309	Vendor: MDS-MH Vend Cat: 32084	SHEARS, UTILITY BLK LF 7 1/4" PO LN 48	1	EA	1	3.15	3.15 0.00
280310	Vendor: MDS-MH Vend Cat: 12328	AIRWAY, NASOPHARYN CATH 26FR (1 PO LN 49	1	BX	1	21.87	21.87 0.00
003073	Vendor: MDS-MH Vend Cat: 16 271G	AIRWAY, GUEDEL 70MM LF (1/PK 2 PO LN 53	1	PK	1	.61	0.61 0.00
003070	Vendor: MDS-MH Vend Cat: 16 231G	AIRWAY, GUEDEL 80MM LF (1/PK 2 PO LN 54	1	PK	1	.58	0.58 0.00
003077	Vendor: MDS-MH Vend Cat: 16 251G	AIRWAY, GUEDEL 80MM LF (1/PK 2 PO LN 55	1	PK	1	.60	0.60 0.00
003070	Vendor: MDS-MH Vend Cat: 16 211G	AIRWAY, GUEDEL 100MM LF (1/PK PO LN 56	1	PK	1	.96	0.96 0.00
000301	Vendor: MDS-MH Vend Cat: 004 84 2400	AKSA, LARYNGEAL DISP SUCRO PO LN 57	1	EA	1	14.13	14.13 0.00
003001	Vendor: MDS-MH Vend Cat: 102-A001	NEEDLE, HYPO 20GX1" (100/BOX) PO LN 58	1	BX	1	3.92	3.92 0.00
040008	Vendor: MDS-MH Vend Cat: 305019	CAP, STRIKE TIP SINGL STR (200 PO LN 64	20	EA	20	.02	0.40 0.00
073001	Vendor: MDS-MH Vend Cat: 541	TAPE, HYTAPE PLASTIC 1/2"X5YDS PO LN 65	6	RL	6	2.07	12.42 0.00
173333	Vendor: MDS-MH Vend Cat: AN 11	LABEL, LIDOCaine GRV (330RL) PO LN 70	3	RL	3	3.36	10.08 0.00
173301	Vendor: MDS-MH Vend Cat: AN 7	LABEL, FENTANYL BLU (500RL) PO LN 75	3	RL	3	3.32	9.96 0.00
240042	Vendor: MDS-MH NDC Num & 0054103705	DIPHENHYDRAMINE, VL 50MG/ML 1M PO LN 78	1	BX	1	31.44	31.44 0.00
170873	Vendor: MDS-MH NDC Num & 00143887310	METOPROLOL TARTRATE, VL 5MG/5M PO LN 82	4	EA	4	4.12	16.48 0.00

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Invoice Number 54546956	PO Number 1023	Invoice Date 03/05/15
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit Pkgs	Unit Shipped	Unit Price	Amount	Salv. Tax
682310	Vendor: SUCO Vend Cat: 6747018710	ESMOLOL HCL VL 100MG/ML 10ML I POL LN 84	4	EA	4	10.07	39.08	0.00
635870	Vendor: BIOSPH Vend Num: 0047947507	ONDANSETRON SOL 30MG/ML 20ML 1A POL LN 85	1	CT	1	17.91	17.91	0.00
533161	Vendor: BIEVA Vend Num: 0075245504	METOCLOPRAMIDE VL 5MG/ML 28ML POL LN 86	1	CT	1	22.40	22.40	0.00
400665	Vendor: WYETH Vend Num: 0008103875	DEXAMETHASONE VL 10010125 1ML POL LN 88	3	EA	3	1.70	5.10	0.00
226173	Vendor: HUSMA Vend Num: 0040948890	SODIUM CHLORIDE FTY PF 0.9 I POL LN 89	10	PK	10	23.82	238.20	0.00
581521	Vendor: MOSPRA Vend Num: 00409724101	EPINEPHRINE AMP 1MG/ML 1ML I POL LN 90	1	PK	1	42.42	42.42	0.00
228429	Vendor: GRIE Vend Num: 00002502501	SOLU-CORTEF VL 100MG/ML 10ML POL LN 92	4	EA	4	7.73	30.92	0.00
484085	Vendor: WPPZ Vend Num: 00071641813	NITROSTAT TAB SUBL 0.4MG/125 POL LN 98	3	BO	3	16.50	49.50	0.00
286280	Vendor: MOSPRA Vend Num: 00409489134	EPINEPHRINE ABUT 0.1MG/ML 10ML POL LN 101	3	EA	3	6.14	18.42	0.00
288640	Vendor: MOSPRA Vend Num: 00409489134	ATROPINE SULFATE PFS 0.1MG/ML POL LN 102	2	EA	2	12.21	24.42	0.00
528509	Vendor: ANDRN Vend Num: 07478071110	LODCAINE GEL 2.5ML (10 BU) POL LN 104	5	EA	5	4.08	20.30	0.00
357682	Vendor: BAPPH Vend Num: 03273228653	LODCAINE HCL SDV PF 2.5ML I POL LN 108	2	BX	2	52.93	105.86	0.00
758484	Vendor: MCM119 Vend Cat: 112 8510	LUBRICATING JELLY TUSTR 4OZ POL LN 109	4	EA	4	1.42	5.68	0.00
508714	Vendor: MCM116 Vend Cat: 24-205 5	BLADE TONGUE SRSTR 6" (1000) POL LN 110	2	BX	2	3.22	6.44	0.00
		FUEL SURCHARGE POL LN 111	1	EA	1	1.18	1.18	0.00
286510	Vendor: TELHL Vend Cat: 123376	AIRWAY NASOPHARYNGEAL 26CM I POL LN 113	1	BX	1	21.67	21.67	0.00
485073	Vendor: MCM116 Vend Cat: 18 7710	AIRWAY GUEDEL 70MM I.F. 1PK 2 POL LN 119	2	BX	2	14.93	29.86	0.00
485078	Vendor: MCM116 Vend Cat: 18 7710	AIRWAY GUEDEL 80MM I.F. 1PK 2 POL LN 120	2	BX	2	14.04	28.08	0.00
485077	Vendor: MCM116 Vend Cat: 18 7710	AIRWAY GUEDEL 90MM I.F. 1PK 2 POL LN 121	2	BX	2	14.49	28.98	0.00
485078	Vendor: MCM116 Vend Cat: 18 7710	AIRWAY GUEDEL 100MM I.F. 1PK 2 POL LN 122	2	BX	2	14.46	28.92	0.00
235697	Vendor: JM Vend Cat: 1621W	DRESSING TEGADERM W/WHICOW 2 POL LN 126	1	BX	1	24.68	24.68	0.00
472589	Vendor: MCM116 Vend Cat: 320BK	SHEARS UTILITY BLK I.F. 7 1/4" POL LN 129	3	EA	3	3.15	9.45	0.00
478112	Vendor: BISHALIN Vend Cat: 473447	EXT SET ULTRASITE N/F 6" (100) POL LN 130	10	EA	10	2.34	23.40	0.00
171422	Vendor: BISHALIN Vend Cat: 473447	STOPCOCK 3WAY MLL W/3/8"X.50 POL LN 131	20	EA	20	1.06	21.20	0.00
232107	Vendor: KENASP Vend Cat: 86110	TUBE MURPHY TRACH 17 3/8MM (17.0) POL LN 133	10	EA	10	1.77	17.70	0.00
232286	Vendor: KENASP Vend Cat: 86111	TUBE MURPHY TRACH 7 0MM (17.0) POL LN 134	10	EA	10	1.77	17.70	0.00
278371	Vendor: KENASP Vend Cat: 86113	TUBE MURPHY TRACH 17 3/8MM (17.0) POL LN 135	10	EA	10	1.77	17.70	0.00
232270	Vendor: KENASP Vend Cat: 86113	TUBE MURPHY TRACH 6 0MM (17.0) POL LN 136	10	EA	10	1.77	17.70	0.00

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Invoice Number 54548958	PO Number 1023	Invoice Date 03/05/15
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Item Number	Vendor / Vendor Cat #	Description	Ordered	Unit	Shipped	Unit Price	Amount	Sales Tax
326387	VENDOR: MEDICAL Vendor Cat: 31620	CATHETER, SCIN GRAD 10FR (50C PO LN 130	10	EA	10	35	350	0.00
326389	VENDOR: MEDICAL Vendor Cat: 31620	CATHETER, SCIN GRAD 14FR (50C PO LN 139	10	EA	10	35	350	0.00
160733	VENDOR: MEDICAL Vendor Cat: 8288764945	TUBE, SAEW SUMP STR 14FR 48" PO LN 147	10	EA	10	173	1730	0.00
160735	VENDOR: MEDICAL Vendor Cat: 8684284829	TUBE, SAEW SUMP STR 16FR 48" PO LN 142	10	EA	10	173	1730	0.00
643121	VENDOR: MEDICAL Vendor Cat: 18-86204	SUCTION, YANKAER RIGID REG TI PO LN 143	1	CA	1	30.56	3056	0.00
171578	VENDOR: SMITHS Vendor Cat: 51540C	THERMOMETER, SKIN TEMP PROBE (1 PO LN 144	3	EA	3	411	1233	0.00
264007	VENDOR: BAXTER Vendor Cat: 708218	EXT SET, ANESTHESIA (800CS) PO LN 145	20	EA	20	363	7260	0.00
860662	VENDOR: BAXTER Vendor Cat: 107560C	SYRINGE, LL 60X1 (25BX) 4BXCS PO LN 146	1	BX	1	1000	1000	0.00
222103	VENDOR: SMITHS Vendor Cat: 450064	CIRCUIT, ANES W/PLT STRY VLT PO LN 147	1	CA	1	81.71	8171	0.00
343633	VENDOR: MEDICAL Vendor Cat: 86569E	MASK, ANES FACE CLEAR-VUE+ ADL PO LN 148	3	EA	3	356	1065	0.00
330718	VENDOR: MEDICAL Vendor Cat: 420211000	RESUSCITATOR, SPRI II MED ADLT PO LN 149	3	EA	3	1274	3822	0.00
232263	VENDOR: MEDICAL Vendor Cat: 85065	STYLET, INTUBATOR 14FR (20BX) PO LN 151	3	EA	3	239	739	0.00
343568	VENDOR: BD Vendor Cat: 281544	CATHETER, INSYTE WNGD 18GX1 18 PO LN 152	1	BX	1	8227	8227	0.00
343569	VENDOR: BD Vendor Cat: 181533	CATHETER, INSYTE WNGD 20GX1 (1 PO LN 153	20	EA	20	163	3300	0.00
768776	VENDOR: FALCHIE Vendor Cat: 038-86-008CU	AIRWAY, NASAL PHARYN ID NASO C PO LN 154	1	BX	1	1971	1971	0.00
768778	VENDOR: FALCHIE Vendor Cat: 038-85-007CU	AIRWAY, NASAL PHARYN ID NASO C PO LN 155	1	BX	1	2320	2320	0.00
768776	VENDOR: FALCHIE Vendor Cat: 038-85-008CU	AIRWAY, NASAL PHARYN ID NASO C PO LN 157	1	BX	1	1971	1971	0.00
701863	VENDOR: SOLAERO NDC Num: 500173088724	VENTOLIN HFA, AER W/COUNTER 90 PO LN 160	1	EA	1	2584	2584	0.00
479744	VENDOR: DCLAY Vendor Cat: 4380741E19	OXYMETAZOLINE HCL SPR 0.03 N PO LN 161	6	EA	6	186	1116	0.00
706251	VENDOR: WATKILL Vendor Cat: W18A1800	BACITRACIN, CRTY FOIL PK 500U1 PO LN 162	1	BX	1	311	311	0.00
778707	VENDOR: BAXTER NDC Num: 633223040397	XYLOCAINE+EP1, MDV 220ML (25 PO LN 163	1	CT	1	5906	5906	0.00
236800	VENDOR: HUGOBON NDC Num: 00409136407	SODIUM CHLORIDE BALC, FTY 0.9 PO LN 184	30	EA	30	142	4260	0.00
552038	VENDOR: MEDICAL Vendor Cat: 4934842727	POVIDONE-IODINE, SOL TOPICAL 1 PO LN 186	5	EA	5	217	1085	0.00

SUB TOTAL	TAX	TOTAL AMOUNT
\$2,585.37	\$0.00	\$2,585.37

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 price 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 price upon request.

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1642 H. J. VAN DER KAM ET AL.